Is Your Body’s Terrain Hospitable For Cancer? l Dr. Nasha Winters l Ep #436 Transcript

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Introduction and Part Two Overview

I'm Natalie Nidam, your host. Welcome back to the show. Today we're back with Dr. Natia Winters for part two, where theory becomes action. We talk about how to think clearly under pressure when facing major healthcare decisions about cancer or other difficult diagnoses.

we continue the conversation around what metabolic flexibility really means in the face of disease. And we unpack the lab markers she watches most closely that may indicate disease is on the horizon.

If you think you learned a lot in part one, part two will not disappoint. This episode is brought to you by STEM Regen, by Vampire Exosomes, By Young Goose, and by Nature's Marvels Bioregulators by Profound Health, all with very special offers just for you.

Check out the show notes below for details and enjoy the Dr. Natia Winters, welcome back, back back. This is part two. Thank you for taking the time. So good to be with you.

We were just saying before you started the record button that we've got to do this in person sooner. Oh yeah. Yeah. A hundred percent. And I'm going to in your part of the world, not too long from now, so maybe make that happen.

All right, so in part one, just a very quick recap, folks, we talked about your origin story with cancer, We discussed how and why fasting are important for cancer prevention as a support for treatment.

We touched on the philosophy of terrain, other foundational concepts of integrative cancer. So now what we're going to talk about, and we literally ran out of time because we needed it to be kind of like a marathon episode, right?

So what were going do now is What do we actually do now? We're going to talk about early signals, decision making under pressure, which is a big one for people at the worst time of their life needing to make these crazy decisions.

We are going get some clarity around prevention. how to be flexible versus being rigid, which I've seen work against people with the best of intentions, and then risk misinformation when things don't actually work out and hope for the future.

All right. Let's start with gap between theory and practice, right? So you've spent years refining metabolic terrain. Most people only understand it conceptually.

So let's give a very quick little description, then we're going to move into what test assess and address really looks like in real life.

Metabolic Terrain and Mitochondrial Health

Perfect. Well, I mean, the concept of metabolic, we've all thought of it being just like a caloric issue, like how well you maintain, lose or gain weight is how we always framed metabolic.

So even today with Boy, Hattie, this conversation, the oncology space happening at least since 2011, since Dr. Tom Seyfried's book hit the market, Cancer is a Metabolic Disease.

This has really been something that you'd think would be a household name by now, but here we are 20 or 15 years later and it's still People are still confusing it with a calorie in, calorie out, and how fast you gain or lose weight concept.

But metabolism is what's happening at the cellular level at every moment of all the systems in your body and they communicate like this big, beautiful orchestra that we are.

And so it's the idea of, for me, I personally break it down as thinking about the foundation or the fulcrum of our metabolic health is at the level of the mitochondria.

And the Mitochondrias we were all taught in sixth grade was about production of ATP, the energy powerhouse of ourselves. Boy, how do they do a heck more, a lot more than just that.

In fact, production of energy seems to be sort of just literally a byproduct and not actually what these little buggers are up to. So the fact that we've co-evolved for 170, 200,000 years with something that started out as bacteria that take up upwards of 20% of our body composition is pretty spectacular to me.

And for me, I think of them as doing three major things. This, to, me is what defines metabolic health, which is, first of all, we observe and take in information.

We're collecting reservoir. That's what the mitochondria are. They're taking in all the information in, on, and around them, including people, places, things, light, water, food, chemicals, et cetera.

The second role they play, which is very, very important, is how they translate that information that they're taking in. And there's a lot of opportunities for that to go awry, as you can imagine.

But we do so at, you know, thousands, tens of thousands of times a day. This is happening unbeknownst to you. that our body goes, ooh, that's interesting information.

What does this mean? What pattern has this created? And the third big job is they tell the surrounding mitochondria, the surroundings organelles, surrounding cytoplasm, swimming pool that those organelle are swimming in and the cells and tissues and organs and structure and even beyond that structure, what to do with that information?

So they signal, they communicate. And so when we think about that, this metabolic process is the process of life and all that that entails. And so for me, this is where the conversation gets interesting is that we've looked so much in medicine to the single cause and the treatment and that just simply doesn't So when somebody comes into your office, when you literally are applying now this test, assess, address framework to the metabolic terrain, which is so the Metabolic Terrain we've defined as this universe of interaction with the world, our external and internal environment and how that translates.

Now, somebody who comes in to your Office and where do you begin and How does that look? in that next layer of the framework, which is the test to assess an address.

Like the most important piece of this net is that people have to be ready for this, right? I spent the first 20, 25 years of my career trying to convince people of And this caused more harm than good, not just to the people I was trying to serve, but most importantly to myself.

So it really drained my cup because the things that I share are not woo woo or esoteric just because they're not mainstream. Right? Does not mean you're not valid.

And so that's one piece. So readiness and just curiosity. You don't have to know it, but you have an internal intuitive signal that says, hey, what I've been doing isn't working.

I'm ready to look beyond what i'm being spoon fed. in the literature are being spoon-fed in, the media are been

spoon fed by my well-meaning, but sometimes poorly trained clinical advisors.

And so we want to expand beyond that. So readiness is really important. Number two, curiosity, as I mentioned, rolls into starting to take a very honest audit of your life.

So many times we think about that as just like people always say to me, I don't understand why I got cancer. I was so healthy until I Got cancer, the fact that someone even thinks that is disturbing to Me.

And I Don't mean that rudely. It's just, it's so disconnected from reality. the world around us that we don't even question everything that were being exposed to, right?

And so it's not that this is this person's fault. They don' know what they don know until they know. But once you know, you have to be pretty honest with yourself and make those changes.

So the audit of everything you put in on and around you, including people, places and things, is where we start. We start to evaluate your home, your environment, the people you hang out with, The way you nourish yourself, the way you heal yourself, the Way you communicate to yourself how you treat yourself and how You treat others.

Those things matter. And so that's where we really start. Boy, that can be a daunting place. So from my book, The Metabolic Approach to Cancer and upgrades of that questionnaire over the past decade, I've kind of evolved the questionnaire Over the years to meet where I I am personally, not just where the population has come, but what is curious to me about the patients that I've seen?

Because even the things I see today are different than patients I saw certainly five years ago, 10, 20, 30 years, ago. They are not the same. You just aren't.

And so I have to evolve my thinking and my observations to meet the populations where they are. So that's where we begin is a deep dive audit, like readiness, curiosity, and audit of life.

and then we go deeper, but we can tackle that on a separate level. If you're using a sauna and you not following a specific protocol around it, you are sweating, but you may not actually be supporting detoxification properly.

And that's a problem because the difference between a session that just makes you hot and one that genuinely moves the needle on your health comes down to a few key steps that most people are not putting into practice.

So I put together my complete sauna protocol, the exact pre, during and post-session routine I follow myself, and I'm giving it away completely free. Now, this is not a generic guide.

This is what I actually do. So, of course, you always want to do what's best for your body. But if you want see what i do and to download it now for free, just head on over to natnidam.com forward slash sauna.

That's n-a-t-n-i-d-e-m dot com forward-slash sauna and check it out for yourself. You bring up some beautiful points and we talked last time, I don't know that we've talked about it on camera, but we have talked separately about a book that I read a long time ago and when I mentioned it to you, you were like, oh yeah, and it's a Book called Radical Remission, we may have mentioned on the episode.

Readiness, Curiosity, and Life Audit

Anybody who's curious about Any of this stuff should read that book, because very quickly, it's a book about a young med student, I think it was, who comes across folders in a doctor's office that they're working with that are titled Radical Remission.

And it is all these people who, inexplicably, were in remission from their cancer, and many of them had had fairly dire diagnoses. In the book, she compiles a list of, at the time, nine factors that seem to run as a common thread through all of these very varied people.

I think that everybody will agree, yes, changing the food that they were eating, but there was no one supplement, there wasn't one treatment, it was not one thing.

But the things that really at the time surprised me and would not surprise me anymore were changing coming out of a toxic job, removing toxic people in relationships, which you're kind of alluding to here.

And it's moving into a space where you acknowledge the negative impact, physiologic impact of constant chronic stress on your system that disables your immune system and allows the progression of something like a cancer.

Now, I'm not saying I don't want people to misunderstand, and you can elaborate on this better than I can, I think that it's just the toxic people and things in your life that magically allows this cancer to progress, but it certainly starts to contribute to that terrain that allows the cancer.

So maybe you just want to elaborate on that and make it more sophisticated, but that was… I don't think you… Honestly, I think keeping it very simple is really important.

And let me state by what I've learned over my career, there's these 10 major drivers, these terrain drops in the bucket, if you will. How they're laid out in book is epigenetics, metabolic, meaning what's your food composition as far as your macronutrients, and how well does that work in your body at any given time.

Number three, environmental. Four, microbiome. Five, immune system. Six, inflammatory processes. Seven, oxygenation and circulation. Eight, hormone balance and how we metabolize our hormones.

Nine, stress and circadian rhythm biology and 10, mental emotional. That's what we get out in the book at that time in 2017, because as Nat just noted, a lot of people get wrapped around the axle when we start to talk about the mental emotional aspects of this.

And so we just like in Dr. Kelly Turner's book, Radical Remission, everyone is quick to want to jump on the diet or the supplements or that kind of life The biohacks, right?

Because they're tangible. But it's the intangible where we actually make some of the biggest difference. And so this is what has switched for me is today in 2026, I am starting with the 10th drop in the bucket as the first primary, because here's what happens.

For myself, 35, almost 35 years ago, that's where I started by accident and default. Um, because I had no money, no resources to do all the other things.

And so that is where I started. I believe very wholeheartedly now, especially now that that probably was one of my biggest superpowers, my accidental super powers.

So today I start with that piece because here's what I've learned is when everyone does everything perfectly, when they say I did the right things and I still got cancer or I was doing the diet or the lifestyle or exercise or supplements or bio hacks or sexy treatments like biodynamic therapy or off-label drugs or microdosing of chemo, etc.

and yet they're still sick or maintaining or progressing, the final frontier is that emotional frontier. And here's the reality is if you actually made that the first frontier, these other therapies could be more well received and responded to because you alluded to this when we are in a state because this is where you said like we don't want to blame the stress game but the reality is this, when you are sympathetic nervous system dominant state you do not rest, you donot digest, do you not metabolize, take out the garbage, apoptose, You do not respond as well to treatment.

You did not lower your inflammation. No, it's addressing the terrain at the most foundational level. That's 100%. 100%, yeah. Yeah. All right. Aside from this, and maybe this would play into my next question, are there three to five data points that immediately tell you Okay, here's what we've got going on here.

And, you know, I think you've already talked about one of them just now so beautifully. Yeah. Well, this is simple. When I was in private practice for 17 years, even though I tried like hell not to treat cancer patients, they still kept finding me.

All right. People with cancer, still keep finding. But what I did do every year, twice a year in Durango, Colorado, there was this statewide process called the 9R Health Fair.

So for about 60 bucks, twice a year, people from all over the state could go to all these little testing stations and get their labs drawn. And they got everything from a CBC and a CN.

This is back all the way through until about 2000. Cool. It still happens, by the. But imagine 60 dollars today. You can get a lot of tests. Back then, those same out of pocket would have cost you several hundred, if not a thousand dollars.

And we're talking CBC with differential, CMP, vitamin D level, c-reactive protein, a TSH for men at PSA, and a hemoglobin A1C. That's when that test ran for about 60 bucks twice a year.

So I trained my clients to get those tests done twice year and I set up basically little meet and greets to review their labs twice a year regarding that.

That might be the only time I ever saw anybody. But what I learned that in 17 years of doing that and private practice was I saw a lot of trends, a lots of patterns, and we got to catch things way early and turn them around in the harbor before it became a problem.

Right. Beautiful. And so the biggest levers, the big data points that I learned were, in fact, this wasn't initially done on that test, but the CBC, you could run for five bucks, right?

It's like nothing, nothing. Yet this tells me everything I need to know about your immune system. Right, so this is looking at lymphocytes, neutrophils, the ratio between them.

These are white blood cells. So these are immune markers. And they're not the fancy thing. They're are not your TNF alpha or whatever, but you don't even, I'm guessing you even have to go that deep initially to see is the footprint there.

Right. In fact, for Oncology Nutrition Institute, it's several years old now and it is still as relevant as ever. But I have a 90-minute course that I think just sells online for like 10 bucks or 15 bucks.

Terrain Drivers and Emotional Stress

of this 90-minute course on just understanding the CBC. It is such a goal. That would be gold, people. If you understand your CPC, I've been deep in my CFC for the last two months, it's amazing the amount of information you can pull from there.

Yeah. We want accessibility, right? And so when you could spend $5 and $6 on a draw fee and five dollars on the test itself, to me, worth everyone's investing that 10 to 15 bucks.

to get this one simple test that can tell you so much. Because this could have had a lot of things off of the past. In fact, your listeners could go and take a look on PubMed and just simply type in neutrophil to lymphocyte ratio.

Just type that in and look at the tens of thousands of papers on this. And one of most significant papers is that that simple little ratio is the most prognostic marker for all-cause mortality.

whether that's cancer or not. So when we're all in the sexy, I mean, we are on the longevity show for Pete's sake, this is one of your most profound longevity markers.

Beautiful. Okay, so CBC, what else? Was HbA1c one? Well, for me, my three are, or my five are very paired and these are what I've figured out over my years.

But the CbC with diff, the CMP, which is your metabolic panel, it shows me your organ function, your electrolyte function and just kind How is your body doing?

It's kind of like a very, it's like taking your car to the mechanic and having them run the electric, you know, just to like see what's going on. And then the three, my patients have coined this as the trifecta, okay?

And this is a collection, because any one of them by themselves are very very informative, but together they are, for me, in the oncology space my everything, so the C-reactive protein used to just be a marker of general inflammation.

And it still is, it's still a very powerful tool to understand your inflammatory processes, which we know drives things like mental illness, autoimmune conditions, cancering process, cardiovascular disease, all of the diseases that plague us today are very inflammatory driven.

So there's that. The next one used to be part, by the way, of every CMP, every metabolic panel, until about 20 years ago, someone behind a desk decided that was not cost effective and pulled it, is the lactase dehydrogenase.

And frankly, folks, this is your best test for your mitochondrial function without spending hundreds if not thousands of dollars on testing your metachondrial All right.

And so the lactase dehydrogenase is a way that it's an average of five different enzymes of the body. So it kind of gives you an overall score. You can even get an LD isoenzyme to break it down, to understand which tissues are most perturbed and how to do it.

LD1 related to your blood cells, LD4 to you lung, and LD3 to bone. You can even know which tissues of your body are most disrupted if you run an isoenzyme, which is a little bit more expensive, but not much.

And then the third, also used to be part of an old CMP, is also another powerful standalone test. We use it a lot in autoimmunity, the sedimentation rate, or ESR.

Okay. This little bugger is about basically how fast are your cells falling out of solution? So how thick and sticky is your blood and how inflamed and fibrous is you're blood?

Because that leads to poor oxygenation, that lead to hyper inflammation, hyper coagulation. That leads a lot of issues, right? fluid in the system. So when any one of those are elevated, that's a problem.

When two of the three are elevating, not something that is worth investigating. A single one could be like, oh, I just stubbed my toe really hard before going in for my blood work.

Or I did a crazy workout when your LDH looks scarce. Right? So those types of things. But if all three you're high, And I don't call people this to scare them.

I tell people because it means you can do something about it before it's a problem. And so for me, the trifecta is far more telling than our cancer markers.

So like our CEA, our CA125, or CA2729, those are markers for things like colorectal cancer, ovarian cancer or breast cancer. Those are not specific or sensitive enough.

In fact, CEa can be high if you just had demo work. Or a CA125 can be high if you just had sex. So these are things that you've got to look at more data points.

The other side of it is we look a lot on imaging to guide us. And so here's what I'll tell you and your listeners, if I'm

looking at someone's labs and they just rang the bell in their finishing chemo or radiation and their cancer markers are perfect, and their imaging is perfect, but their trifecta, all three more elevated, I am frankly squeezing my sphincters like you can't even imagine because I know after 30, almost 35 years of looking at this type of data, and it's unfortunately very, very accurate, or fortunately for me, fortunately, for some patients, they freak out and this is what prevents them from wanting to look under the hood.

But if I see a trifacta that's all elevated following a clean scan, clean labs, I know that this person will be cancering again within days, weeks or months and pretty aggressively.

So the process hasn't stopped? It has not stopped. In fact, it's just now we've pushed back all the daughter cells, which are the active proliferating cancer cells.

But what that shows me is we have now woken up mama stem cells and they are more difficult to find, more difficulty to treat. And they're a different animal than the original cancer source.

So these are things that I'm looking at this process before treatment for prevention. during treatment and after, and we're monitoring this closely because we can watch these trends.

So if I have a patient who still has stuff on their endages that still have elevated cancer markers, yet their trifecta is perfecta, they can live a very long, vital life with cancer because their terrain is in the driver's seat and not the tumor.

That's interesting. But then also, could those more obvious markers of cancer start to go down over time, essentially, because the train is no longer hospitable to it.

Yes, exactly. You might be going like that. Let's use you for an example. Your body has been through a lot these last few months. And you might be looking at labs that could suggest some scary things for you and going, oh my God, this is what it is.

No, you've been under attack. Like there's been a lot happening here. And so with that, just know your body is working very, very hard. So for me, it's not even about a point in time.

It's a process. And it's pulling you where work still needs to be done.

Key Lab Markers and the Trifecta

So if you are someone who's still seeing elevated trifecta, you know, in whatever, whether it was a cancer diagnosis or some other acute inflammatory process, if it is responding well to whatever treatment it doing, it will be resolving, stabilizing, evolving.

But if isn't, You gotta find another way, folks. You've gotta go another route because it's not like overnight your body will decide to do it right. It needs support in those moments.

When I see an elevated trifecta, no matter what the cause, a lot of oncologists will tell my patients, oh, this is just normal during this process. Because it's so easy to also go down a PubMed rabbit hole and read up about how responsive are your cancer cells when your C-reactive protein is elevated.

They're not. In fact, you have higher side effects, more drug resistance, and you'll have more progression of disease and poorer prognosis. So we have to take these markers much more seriously.

And that's why my patients, if they're just depending on the well-meaning advice of their standard of care team, they may be missing opportunities. to clean up the terrain while simultaneously targeting the tumor.

So the trifecta, just to recap, is HSCRP, the lactase dehydrogenase… You don't want a more dictative C-Raj approach because we want that number under 1 or under 0.1 on the range.

Okay. HS CRP the Lactase Dehydrogenases, possibly with… Lactic acid dehydrogensase under 175 for LabCorp, under 450 for Quest. Okay, and then the ESR?

Under 10. Under 10. Correct. Cool. Yeah. All right, folks. You have some metrics here. And this is in the person, you're talking about people going through treatment, but even in Joe Blow walking around the street, this could be the red flag that, and as you said, if you identify it, gives you time to turn the ship around in The Harbor.

100%. And potentially. Nine are health fair. What was happening is for a few years, they were running LDHs and sed rates, part of the CMP, which talk about illumination for me, because we were always in the CRP, and that's when my brain went, wait a minute.

where were these all along? And then they apparently stopped a few years later because of cost. And I thought this, we just lost goldmine of information.

So today we can actually get all these tests I just described for under $25. Like so many direct to consumer tests, you can get these now, right? So what I described are those five key tests you could easily get for $125. If you add the isoenzymes and you added a couple more things like your vitamin D, your insulin level or your C-peptide, then I know how the whole metabolic conversation is happening at the cellular as well as at a macro level.

Love it. Yeah. You heard it here guys, you probably heard before, but you know what? We need to hear things over and over again for them to really learn.

Now we talked, I'm going to take us away from the numbers for a minute. We talked about the emotional and behavioral. How much attention do you pay to circadian rhythm?

Love this question. Well, and it's a concerning one because I had a woman come up to me at an event that I was at this week and she's shift worker. She's all worried about losing weight and I'm sitting there going, sister, it is the least of your worries.

Now, you want to be supportive to people because The problem is you talk to someone like that she's not a shift worker because she wants to be she doesn't work the night shift because that's how she was to live her life it's because her husband works days she works nights they don't have the means to have.

to have support at home and they have a 12 year old and a seven year-old and somebody's got to be around at all times. But let's talk a little bit about, so I've embedded as usual, sorry folks, 20 questions in one.

How much do you pay attention to circadian signals? And then if there's anything we can provide for these people who are working overnight to help them.

Well, first of all, I want to really acknowledge, especially for somebody who came from extreme poverty and also spent the first few years of my college education working shift work, because that's how I had to do it to be able to go to school.

I didn't afford to to get to college. This was just the reality. So you're right, there is a huge swath of the population around the globe that works shiftwork.

That does not change the fact that it fucks you up. There's no nice way to say it. Yeah, they're just most appropriate use of that bomb ever. And so you as a shift worker doing what you have to do to make ends meet and to meet the needs of your family.

You have. To do better and taking care of yourself. You have to, it's non-negotiable at that point. When people say moderation and moderation, shift workers don't have as much of that moderation window.

So there are so many cool ways that you can do this. You can be the way you're dosing things like melatonin, timing of dosin for that. The way black out the room and you create a rhythm within your own home.

They're really difficult ones are the ones who do like two on and three off and six on, and five off, like that, I'm sorry, that's really hard. And I don't mean this to scare people, but it's difficult because you can, I have a lot of shift workers who have beautiful circadian patterns because they work at it.

And you must, in my mind, I'd love to find programs that will offer wearable devices for free. There are. They're showing up there to wear HRV devices and to where continuous glucose monitors and different things so you can get that biofeedback and know how to structure it for your own You have to start to get into rhythm and you have be committed to it.

And that means everyone in your household has to support that as well. If you are in a situation, you've got to define your own rhythm that works well for you.

One thing I could look back now, if I was doing it all over again, I would come home from my shift work, I take a whopping dose of melatonin, move into a blackout space, and I'd be non-negotiable with my sleep and force a seven to eight hour window of sleep.

I was very mindful about when and how I eat. Definitely not eat on my shifts work. Eat either right before or right after. Not eat in that time because that's actually the time that is most incompatible with our physiology and genetics.

I would basically use my fasting time as my work time. I would do that very differently versus what I did, as well as everybody else who worked shift work with me did was pretty much eat all night long, which is to stay awake.

Exactly. Right. I will also be the person. It would still mitigate my blue light at that time, because even though I may be up with when everyone else is sleeping, my physiology is still my.

Physiology is so my Physiology from ancient time. So I could wear blue blockers constantly during my shift, work just to mitigate some of that and lower some that damage.

I would also do like people like Virgin Air has done is they've created red light only at night on flights and they try to move the light with the flow of the circadian rhythm.

You can do that within hospital environments and nursing home environments, and jail environments shift work environments for sure. That would be something that I really work with is the lights in your work environment and be the one, be activist, the advocate who makes that happen not just for you, but for those that you work And so those will be some things that would be really important.

And if you are working shift work, I would get out inside that moonlight, take your breaks in the moon. Okay. Oh, that's so interesting. Yeah. So for the food, would you basically time, so you're, you'd probably be in a two meal a day world, right?

So you're trying to eat your first or last meal, however you put it, two to three hours before the end of your shift, and then you eat you next meal at the start of the next shift.

Exactly. I think it flipped the switch. You're flipping it over. That's exactly it. And so you just recreate the world to fit in your rhythm and you stick to it and how magical would it be?

You might need to look at a different opportunity, an option for yourself. For sure, for sure. But you know, it would be interesting if hospitals, if you could get a hospital to consider lighting that that softened at night, like if You've ever been a patient in a Hospital, the harshness of the lighting at Night, even for the patients, nevermind the staff, these poor staff is, you Know, If we could if they could Get into a world where they're like the Lighting changed at Knight and now obviously there's budgets involved and yeah, But even acceptance of the concept would be massive.

That's one of my dreams. I'm looking to build this hospital and that's exactly it. There's so much circadian rhythm

biology study. Even the timing of when we give certain medications are light sensitive.

of those certain chemotherapies or when they're most effective at targeting the cancer cells. There are people like Dr. Keith Block in Chicago that puts people on pumps of their chemo, timing it around the S phase or the G phase of proliferation cycle.

And so these patients are coming and going to bed with a pump that goes off at the precise time that their cancer cells are most active and therefore most receptive to this type of treatment.

There is so much evidence around timing of these medications. We don't do it because we've bell-shaped curve the hell out of everything, and yet most of us are outliers.

But there really is a time and a way to do this better. And there is way a to change the entire lighting of hospitals. We just heard that there's a big move now to the way we're feeding our most vulnerable populations, which by the we average $1.49 a day per person in a hospital.

Circadian Rhythm and Shift Work

Do you think you can recover someone who's Oh, I know. With food that costs $1.49 a day in total. That's not good, right? And so pushing for things like that, pushing, for lighting, push for quality air, Pushing for our shift workers to have appropriate breaks to go and take a walk in the moon.

Appropriate breaks, to eat, like you said, towards the last two or three hours of their shift for that's when they have their lunch break, you know, that would actually be dinner for most of us in this circadian world.

But yeah, now that is where we have to become Dare I say almost militant about how we take over if we are in that shift work world. Because there's tons of studies that show higher incidence of dementia, of obesity, cardiovascular disease, mental health issues, and of cancer in shift workers.

And so I don't want to candy code it. I do want normalize it and make it sound like that's the way it is and it's OK. It isn't. So how can we serve these people better?

And how do they take some personal responsibility when they're at home to make it better. Maybe we in the workforce need to do a heck of a lot more for our employees, but at home, there's things you can do as well.

Thank you. That was one of the most comprehensive conversations I've had around shift work. No, and it's a tough one, right? So let's help people. Let's give people tools to mitigate the consequences.

Let's move into a different area here. So when everything's broken, it all has broken loose. Somebody's got like 12 abnormal markers, but they have limited bandwidth.

What helps them to understand what to prioritize? In other words, what's going to move the needle fastest for them and what can wait? Because you've got this whole I don't know, you've got this whole bag of this beautiful bag to address the entire symphony.

You have those people who are like, just tell me what to do. I'll do all of it right away. And this is at one of the most stressful times in their lives.

How do you help them to understand where do start? This can wait, but this is what you really need to do. Perfect. Well, I mean, even for those who have unlimited means and resources, our tendency, some of those folks are actually some the hardest to treat.

I'll just be really blunt because they are throwing everything at it. And I think of a story of someone who had unlimited resources made his story very public, shared the million dollars he spent on his health care and died anyway.

When I was looking through his process of how he went about it, He actually was at the right starting point in the very beginning. And yeah, we don't, of course, I can never say that this would have turned out differently, but I'm looking at.

The fundamentals were never addressed in. In the beginning and instead. So that's the biggest mistake. Cause he had the resources. He went chasing all the shiny things, all.

There are a lot of shiny, sexy things in places out there, But sometimes they are at wrong timing, the wrong dose, wrong duration, The wrong combination, just simply not a fit.

If they're all stacked too much, they overwhelm the body. There's this concept that I've developed known as this terrain capacity spectrum, right? So like, what can your body take in at this time?

When I first do that sort of litmus test of where somebody is, it's very much about their terrain, capacity, and that might be the capacity of do you have support?

You have some financial resources to go outside of the standard medical model. Those are some fundamental questions that need to be addressed up front.

But if you don't, those five tests I just talked about are absolutely paramount to me. The trifecta, the CMP, and the CRP. That tells me almost everything I need know of that person's terrain capacity.

Number two, you can start to work on your circadian rhythm. You can watch sunrise, sunset, whether you're a shift worker or not. right? Yeah. You can start to know when that moon is cycling.

And you can change the lighting in your house. Like this morning, my whole house from sunrise to sunset, when the sun is down or going down, and my house looks like the red light district, right.

It's just the way it is. I know that probably takes away from people's movie time and the look of it, but I just I don't spend my time really much in front of televisions, and if I do, I'm wearing blue blockers and my house looks like the red light district, you know?

It's like I change the visual capacity and I've just gotten accustomed to it. But those are simple things that we can do and our food timing matters. And how, if you don' have the money to eat 100% organic and clean and local and sourced and grass-fed and grassroots-finished, then start looking at the timing of your meals.

Start to restrict. It's hard to get into playing with some intermittent fasting. I start everybody. Everybody should have the capacity to do 13 hours, in my opinion.

13 hours is like nothing. Finish dinner at seven, don't eat again until eight the next morning. It's not a fast. That's the problem. The problem is it's normal.

it just become abnormal in our society. Thank you. Exactly. So that is where we start and then we can push it a little bit more and see how you're done with 14 hours, 16 hours.

There's so much about what we do. I usually get my patients to get into a 13 hour fast until they're feeling really comfortable with that and work up to maybe a 24-hour fast once a week and a 72- hour fast, once month during the cancer process.

If they're very aggressively cancering around chemo, we might do even a five-day fast. Once a month around that, that is free, right? So this is available to everybody.

But if I have someone who's doing all those things, but they are still up scrolling at one in the morning, I can't help you. There's this place where you're doing everything right and you're not addressing some of the fundamentals, that's very difficult to overcome.

Just like everyone who's doing everything right, but they're addressing the stress in the home base, stress and their work environment, the stressing the relationships with some other people nearest and dearest to them.

The stress with their HOA or whatever it is. Those are the things that you are not You're distracting yourself with all of the tangibles, but you're not dealing with maybe the things that are making those tangible not work as well.

So what are the biggest prevention myths that you would like to just squish right here, right now? Just smush them. Prevention myths? Yeah. Ah. Well, my favorite is, so I know because you are in the longevity space, those online longevity trackers.

On my online Longevity Tractor, it shows that I will live to be 105. Which in my family of origin, outside of a few pharmaceutical hiccups, the women in My family, my grandmother, both my great grandmothers were 101 and 103, had a great-aunt Grace was 111. My other great aunt was 98. She died from Vioxx.

The other grandmother was 94. She died from another drug complication. And so really, Western medicine killed both my longevity women in my life. But even on my dad's side, they're all women lived up over 100, et cetera.

All the men died really young. The women live really long. It had something to do with it. Who knows? But very interesting piece here. So the two things that we're showing that I needed to work on to even increase my long longevity more was to, number one, avoid the sun.

That is one of the biggest myths, in my opinion, when regards to- Is what, avoiding the sun? Avoiding the Sun as prevention of cancer. Oh, I see. This longevity tracker was telling you, you need to avoid the son.

Gotcha. Which I'm sure your relatives were not avoiding. No. I mean, living on the plains, like farmers on a plane, that you are not a avoiding sun. We call them rednecks for a reason, right?

We kind of have a different connotation for it today. You know, every uncle, cousin, grandfather, like just leathernecks because they were out there, none of them had skin cancer, right?

That's not what, those weren't the issues. So that's a big one. And I live in Mexico. I've not worn sunscreen in probably 30 years, I'm a redhead. You don't see it as much now in my aged years.

But there it is. It's like sun is my superpower. With my single neck nucleotide polymorphisms, um, with vitamin D synthesis and vitamin d metabolism, which is why I have a collection of autoimmune conditions and why.

I got cancer so many times and so young and all these different pieces is that my vitamin, D wasn't working well. And so sunshine is my multivitamin and it's also my serotonin dopamine enhancement.

feel better in my skin when I feel the warmth of the sun on me. And so I even moved to a southern climate as I moved into peri and postmenopause, leaving the beautiful Rocky Mountains of Colorado, because on June 23rd, I'd start to get depressed.

That had never happened before. But as my hormones changed, my needs changed and I became a sunflower.

Prioritizing Care and Prevention Myths

So here I am speaking to you from the Bay of Banderas. There's that one. The other myth they told me was to quit red meat. I was diagnosed with cancer as a staunch vegan.

Now, my staunch veganism was also like, Velveeta cheese, which wasn't vegetarianism in the beginning, and iceberg lettuce. So it was a very malnourished one.

But that was absolutely not the truth. In fact, I would like to be a vegetarian, but my epigenetics suggest that that's not a good fit for me. I can never get my ferritin levels above double digits, you know, into double-digits.

I have a lot of autoimmune things where a lotta grains, legumes really create some havoc in my immune system. Have celiac disease. All kinds of fun collections of things that my body actually does better if I bring in more animal protein and less plant matter.

I prefer the plant matter, but my physiology prefers something different. And so these are the things like the myths around sun and meat are really ones I wish would go away.

Quality of meat is a very fair discussion. But not everybody can afford that. I think we're two minutes. I would love to see go away or and that fat is inherently bad.

Yeah, that too. Well, I mean, on the meat side, the distinction needs to be made on processed versus not processed. Once we get away, if somebody really can't afford grass-fed, you know, whatever highest quality meat.

At the very least, the sausage, hot dog, salami's got to go. And you, know whatever the best ground beef, chicken you can afford is going to be your best path.

Whether it's optimal or not, it is just going be better. My friend and colleague Erin Martin started a program in Oklahoma called Fresh RX. And this is where doctors and farmers are connected and patients are given a CSA box of the freshest, most regenerative, quality, high food imaginable.

And within a year pilot program, they drop the A1C of these people by more than two points and they saved per year. If I'm remembering and Erin, if she's listening to this later, correct me.

I believe they said saved $7,000 a your per patient. And this now just got written into their legal system in Oklahoma that this is a program being made available.

There are places like the Iowa nations, you know, indigenous populations turning their entire reservation into a regenerative farm. There are others like copal, Evie and her company who have also partnered with basically regenerative farms to do pre-packaged, pre sold meals from regenerate farmers.

There a lot, and she's also getting these into programs of like underserved communities and Montessori's and grade schools. there are some cool things happening.

So if you don't already know that these things exist, look, cause they do. If you've got access to helping make this exist because come that person to create accessibility to this because we all deserve to have the best quality available to us seasonally, locally, regeneratively.

And I may have shared this story before on this podcast, but I'll share it again because I think it's worth telling. My mom at some point over the last number of years was kind of in between jobs.

One of the things my mother does exceptionally well is cook. I grew up on home cooked meals. That was just the way we did things at home. I'm from a Mediterranean background, so lots of soups and long cooked foods.

Anyway, she didn't know what to do. She needed to kind of earn some money and she ended up getting hired by this family whose mom, very elderly mother, was just coming out of the hospital, barely could walk, on her last legs.

They really didn't expect her to survive, but nobody had the time to feed her and they had resources. And they hired my mom to come and cook for her. Now, of course, my mother being the mom reorganized the linen closet and did all the things.

Oh yeah, no listen, let me tell you. But what she did is she started cooking up a storm and she wasn't cooking fancy food. She was cooking soups and stews, and tons of vegetables, probably used gallons of extra virgin olive oil.

And within short order was not just feeding this woman, but was feeding her 90 something year old boyfriend who was like walked in on two canes and the whole family started showing up for dinner.

Two months in, this woman goes in for a checkup, and the doctor is like, what have you been doing? Her health had completely turned around. Her boyfriend virtually threw away the walker.

I love this. It was such an incredible example. And my mom was not buying grass-fed beef. She was just going to wherever and buying a bunch of vegetables and meat and fish and chicken.

and literally turn this, at least those two people's health around, nevermind the fact that everybody started showing up for dinner. So now she was going for 20 people at night.

It got a little unmanageable after a while. But I tell this story because the power of just food is so underestimated in our society. I look around me, the number of people who are ordering in every night or eating out constantly, Like, and now, you know, it's a little bit off topic, but I don't really think it is because nourishing your body at the most foundational level with food, that is something that your buddy can actually recognize.

And this idea that food is not just energy, its information for yourselves gets lost. It's so lost in the hospitals as well. I hope when you open your hospital, if you're feeding people real food It will turn the hospital from a place where you just stay alive.

You know, they just keep you alive until they can release you back into the world to a space where people actually start to heal in a different way. This hospital will be built on a 1200-acre organic regenerative farm.

Well, there you go. The farmers will be helping the chefs in the kitchen cook for the patients. Patients will in fields with farmers. Doctors will preparing food alongside the patient and the chef.

It's consistent to remind us because what your mom offered is not just this nourishing food, but she offered back what we've done for millennia is we harvest or we go and find our food.

We bring it home and we prepare our and then we serve our. And we talk about the blue zones and whatnot and think it's about what they're eating. But it is about intentionality.

Was it purchased on that same day? Or within a couple of days of it coming out of the field, was it prepared with love and intention? Who were you sharing that food with?

And so my version of the CDC is very different than the one we've grown to understand here in this country. And, so, circadian rhythm, the first C. D is diet or even lack thereof or the timing of it, fasting or circadian eating.

Then third and most important is the community. So now what was also healing for that woman and her boyfriend was that her family joined her at the table.

That right there, your mother created it. Your mother was more of a doctor for than anybody would doctor that family. Yeah. That was pretty powerful. Anyway, because she has no boundaries, she had to stop eventually.

Well, that's her journey. She'll be working on that one next. But yeah, anyway, but I'll tell you, my parents are in their late 80s and you would never guess it.

And I believe it has everything to do, a lot to with how they are nourished. All right, so let's get back to the regularly scheduled program now that we've done the big pitch for just eat real food folks.

What would you say, and we can keep this kind of quick fire, what would say people are doing that feels really virtuous? but really doesn't make a real dent.

I think those who are out there running, I'm going to say running. Running, running like physically running? I've said this to you, we talked about this last time, my most difficult patients were those that were the vegan athletes.

So oxidized, so malnourished, living in extreme cortisol overload. That overdoing cardio in any form is just really

sad, like, just go for a nice long walk or a Nice hike, you know, at a place that your body doesn't think it's running from a saber-toothed tiger.

Wear an HRV and see the difference. If you want to know what it is like to train for marathon versus to walk the Camino de Santiago, for instance, they look very different.

And one will sustain you for long time and one burn you out much quicker. Will use all your reserves very, very quickly. What's the extremes, right? I mean, it's hard, I guess, because people get such a, people got a lot.

Those people, get so much out of those big runs, but. It's called endorphin junkies. Yeah, that and that. Okay. All right. Mental emotional piece all over again.

What are you wonderful? Um, so are there specific changes in, like, if you're looking at someone in their thirties, their forties or their fifties? Are there specific changes you would, are there any differences in the changes?

You would make, or is it going to basically come down to the same thing? Like build those foundational habits that are just going. Set you up for success down the road.

It's interesting. Dr. Arival was a well-known researcher at MD Anderson. He was really famous for his work in curcumin. And he finally left. You just got so tired of being attacked over and over until that his word was falsified or whatnot, despite people from all over the world saying, no, it's legit.

when he was able to show that curcumin was more effective than taxol for breast cancer, for instance, they tried to eviscerate him and he just got burnt out on it.

Food, Community, and Real-World Healing

But he used to teach in some places where I saw him speak over the years that our body, by the time we're 20, it has all the information it needs to either age well or age poorly.

And so, and longevity chemistry and cancer chemistry are very similar. Like they're really in the same kind of bump, right? Comes back down to the mitochondria.

And, so what was interesting to me is it's so like wasted on youth, I think about all the things I was doing in my grade school, junior high and high school years.

It is a miracle that I'm alive today, it is like a very miracle to any of us. are alive today. But if I could really empower young people to understand that the choices they make now will make a difference later, because I had to make choices at age 19 and into my early 20s because of a dire mortality issue, I was considered the weird one.

I consider the wearing of the tin foil hat. And yet now in my almost mid 50s, All of my friends and colleagues that made fun of me back then are freaking dying or are facing unbelievable physical and emotional difficulties now because they took for granted.

when they were in a good, hearty, stable place. Our bone health, for instance, is pretty much as developed as it's ever going to be at a certain age, and you can maintain it and build upon it with things like weight-bearing exercise.

But those are the types of things that you really do. You probably need a lot more carbohydrates in the first growing years, then maybe some higher amounts of protein in your early pre-monarchy, pre puberty years.

And then you don't need as much protein really in those 20s and 30s. Like you're kind of maintaining just life and rhythm and fertility and whatnot. But then as you age again, you need to be kicking up your protein needs.

You need rebuild the muscle, which is your longevity organ to help keep that going really well. And you to chopping wood and carrying water and doing the fundamental movements that we have done for millennia.

That instead we're all turning our bones to soup as we sit there in front of a computer screen. And so there's definitely places of this. And then when we get to our most timely, like we retire and then we basically go and stand on golf courses, which are like giant glyphosate swimming pools, or we sit on cruise ships and don't move and just sit in buffet lines.

It's like, this is the time when I'm like getting my ass kicked by a 90 year old walking past me in the Cinque Terre of Italy, walking up and down hills with their groceries twice a day.

That's where those are the times we should actually be out walking and chopping wood and carrying water instead of going into our life of leisure. We actually need to be kicking this up.

And so we've like flipped the narrative so much in the way we age in The West today, in a way, we think about healthy aging. So my hope is that folks just start to think what would your great grandparents or your few generations ago, looked and felt very different than it is today.

And maybe consider that, you know, consider how you weave that into your day to day. Yeah, and maybe redefine what that life of leisure actually looks like, right?

It should be a life activity in a different way. Is there a little off topic, but for all the golfers listening who are like but but, are there any mitigation strategies that you can offer them?

Because definitely the use of pesticide. As a matter of fact, there was a study that came out recently that showed higher rates of cancer of people who live around golf courses.

In my intake, I asked that question. I ask if you live in an HOA, if your live on golf course, near any campuses, parks, you will have extreme life is safe levels and it correlates really well with my patient population.

So, yeah, there is, you want to leave your shoes outside the door, like in the garage or someplace, your clothing, even better if you leave that there.

You want a load up before you go with things like high dose of oral vitamin C to kind of flush the kidneys. Um, You wanna be doing your sauerkraut juice every day.

Sauerkraut is very, very raw, organic. Sauerkrauts juice is high in humic acid, which will dissolve. It's actually used in crops and regenerative farming to dissolve the glyphosate out of the soil.

And it's the same in us. So there's companies out there who sell like humic acid blends to kind of take that before and after. And I also like to do a nice walloping dose of something like glutathione or inocetylcysteine to help your liver process that.

The good news is that glyphosate is water soluble, but if you're getting a dose, you need to be daily dose getting it out. That's why the oral vitamin C is also very helpful.

It helps flush those kidneys and then sweat guys. I know you'll probably be sweating on the field while you are walking, But come home inside again, take a hot, hot bath or hot sauna.

Get that stuff out of there, out there. Yeah. Beautiful. I love that. Or air filter if you're living anywhere near a golf course or those campuses. Yeah, no, that's, be minerals, friends of ours, actually.

Have a great humic acid and the sweating is powerful. All these things. So thank you for that. Okay. Let's keep moving because I know we have a hard stop and we could do a part three, but let's try and keep it to part two for now.

In the context of cancer, is metabolic flexibility any different than what it is normally, like this ability to switch between fat and sugar burning? And how does that rigidity really become a risk sometimes?

Like people get so stuck in keto or whatever it, and it now turns something good into something bad. So maybe can we tie that back a little bit to like the nervous system and the way the immune system adapts that Well, I mean, first of all, metabolic flexibility is key to prevention, treatment during the midst of treatment and for survivorship.

So it really is he and following your body's lead. You might have epigenetics that play a role in this. She might. Goals of therapy that player role on this, you might has certain labs that dictate how you're doing or not doing ultimately.

Dr. Graham, I can't think of his last name right now, it's going to drive me crazy, but he talked about the concept of the five under five, right? So he talks about if we have patients, and I'm saying this, this is coming into context with the flexibility piece.

If you have an A1C under 5, if you happen an insulin under Five, If You Have A European Glucose Level Under Five which is about 80, in our culture. Times 18. Exactly.

I love that. That's multiple by 18, yeah. If you have a uric acid under five, and if you had a GKI, glucose to ketone index under 5, you're really hard to kill.

Let's just put it that way. That is really good across the board for all cause mortality, both in prevention, treatment, and survivorship. And so the way, so just to give you an example, a GKI, this glucose ketone index, the average, now that you know what we want it to be, The average in the United States, Nat, do you what that number is?

Oh, I can't even begin to imagine. Well, there's no ketones. 25 to 30. How far are we from this? I see uric acids of eight, nine, 10 every day. I'd see insulins like 12, 13. We call that normal, by the way, which is- These are fasting insolins you're looking at, right?

Fasting, yeah. To look at these things, A1Cs, we call an A-1C normal at 5.6, or we called that pre-diabetic. prediabetics, like being sort of pregnant, you're either there or you are not.

And it doesn't just go away. You don't wake up and be like, today it was 5.6 and tomorrow it's 5.4. I'm fine. you have to do work to backtrack that. So we want you to be in the safe zone.

It's very difficult when you've have that type of metabolic flexibility. That means your body knows when to burn fats, when burn protein, wind burn sugar.

When to use those resources, that is that metabolic The rigidity you're speaking to comes on levels of the mental rigity of, okay, well, hey, I'll eat perfectly.

I think about people in my world who will exercise their way out of a shitty diet or who really eat well but not have removed their body. You have big sides of that coin here.

The other side, though, is this rigidity in our cell membranes. This is a big one. And this is where we see when, when things get broken and we have chronic disease, we end up with like rigidity of our vasculature, which leads to blood pressure problems.

We lead to rigity in the cell membranes, we lead to rigidity in the membranes around our mitochondria. So we're not able to transport fats across that membrane very easily to create better energy sources.

Metabolic Flexibility and Rigidity

Those are just some examples that rigidity can be at the macro level, but also at them micro level. And so nourishing the cells and the tissues and giving it the resources that they need is very important to, you know, create the right discernment and permeability where you want it and lack of permeabilty where don't.

And helping people understand if they aim for that under five concept, you know, as close as you can get to that, it

doesn't have to be perfection. But if you're way skewed on any one of those numbers, there's a problem, right?

No one will, no one should be fighting us on that concept. Right? If you have all of, those are perfect, but your A1C is 6.2, something's not right. right?

Or if your uric acid is like lingering at eight, something's not right. And so those are the opportunities. Those again are very inexpensive metrics that you can test for on your own through direct consumer.

But those were the pieces when we look at this, when you talk about is it just as important for cancer or not, it's across the board. Or if I have a patient who's eating really therapeutic ketosis and their GKI is under one and the A1C is 4.8 and I don't know, their insulin is below three and yet they're still cancering.

Right? I'm looking at other drivers. I am looking stress. There might be other fuel sources that cancer is depending on. Maybe glutamine or methionine or even iron.

which can freak people out what to hear me calcium. So no kidding. Calcium is one of the first things I look for in serum. Um, it's one the of first markers when you see a recurrent or progressing cancer is when serum calcium levels go up.

And so it is a marker of inflammation as well. What are we looking for when we're looking at a mammogram or carotid artery study? Calcium goes where there's wounded tissue, right?

Where there is damage. That's right. It's part of the bandaid. Exactly. And so we don't want to add more band-aid, we want it normalized. So Dr. Cowan, in his book on cancer, which I can't think of a title right now, he has a whole chapter on this, where he talks about, it's about how we utilize the calcium.

That's the issue. So we want to make sure we've got the other co-factors of that, the vitamin K, magnesium, vitamin D intact. The calcium gets in and does what it's supposed to do and then gets back out of the body.

It's a place to get in, get out, just like our hormones. They're supposed hit the receptor and move on through. But if we're inefficient in any way, those things back up and cause problems and other signaling processes throughout the system.

Yeah, love that. Well, in the case of calcium, it stays where it's supposed to, like in your bones, for example. It doesn't get pulled out because of…

Okay, let's a couple more topics here. Where is integrative oncology most powerful in you mind, and where is it most misunderstood? I think it is actually at the same place.

I mean, most misunderstand by standard of care. And yet it's where it is most valuable. And that what I want my standard of care colleagues to know that may not be open to or interested in integrative oncology is that my work makes your job better, your outcomes better.

I have to learn everything they have know, but I also have learn how my herbs, my drugs, supplements, and my nutrients all interact with the pharmaceuticals that those patients are on or the timing of treatment that patients on.

They don't have what I know but what they know so I can safely work around them. Where they are experts at the tumor, I like to know everything I can about the tumor.

That's very important to me. But most importantly to, me is what's happening in the terrain that allowed that tumor root and express. And so my job is they might be able to do a really good job of getting rid of the tumour, but if they do not change that terrain, that tumor will be back again and again.

In fact, 70% of people will have a recurrence. So I am interested in having different statistics than that. I'm also interested in having where we celebrate today.

In fact, there was a study that came out that showed 96 drugs for cancer that have come to market over the past 17 or so years. When you put them all in a bucket and you look at the overall survival rate, that overall survive rate has given us a whopping 2.4 months.

And we quietly clap at that at every ASCO meeting and celebrate that victory. When our patients live to three months beyond their expiration date, we think we've done something good.

I believe we can do a lot better and I think our patients deserve a better. And so I'm all about helping them have the best quality as well as quantity of life, whether they're using a standard of care approach only or a mixed combination of therapies along the way.

Or when standard care has said we've done everything we could for you, go and get your affairs in order. I'm here to say until the fat lady sings, we're gonna keep exploring and seeing what else might have given rise to this expression in your body.

And let's see what we can glean from this. To me, there's a much more hopeful message in all of this and that fulcrum of the very people who fight us the most are the people should be celebrating us most because when you've been well trained and when are understanding the biochemistry and the genetics and epigenetics and that has the tumor just as much as the tumour itself, magic happens.

Yeah, that's so powerful. And I would add to that maybe also when people are done with conventional treatment that that is where also integrative oncology can really shine because helping the body, as you said earlier, I mean, you talked about a bunch of these things like certain markers if they haven't shifted.

Right. You may, your scans might be looking good, but there's still work to be done. So that might the time to kind of finish the job, clean it up and help the body recover from those treatments that killed the cancer so that you're not a sitting duck waiting for the next one to roll along.

That was beautifully said, Naisha, I think there is no step along the way where integrative oncology isn't. going to serve people. And so I'm going touch on a very touchy subject here, but what's the difference between someone being maybe too open-minded.

There's a woman I know who passed away tragically from I know two actually who passed away tragically from breast cancers. These were the women that went whole hog into the alternative world.

And they were hardcore keto and the whole thing. So how do we find that line between being open-minded and being medically reckless? Like what are the red flags people need to look at where they're just being sold?

I mean, look, nobody's looking to kill people, but they are just sold hope instead of what's a well-formulated plan. Well, this is where data shines, right?

So because I want to honor people's confidentiality, I can think of somebody right now that I know I love very, very much, who is very well known and beloved in the alternative community in general, not just in medicine, but just life, and is dealing with something very aggressive.

in allowing me to look at everything from a bird's eye view to say, you have this and this going on, and if you don't do this, I'm not sure how long. by all estimates from the looks of it.

And I don't like to give expiration dates. That's not it, but there are certain markers and certain metrics that line up that showed that we were within months of the end of road.

I knew if there were a few simple things, like for instance, some proper testing of her tumor type, she'd never even had it properly diagnosed. So that was really concerning because then what the frack are we dealing with?

And how are you guessing from alternative medicine on this, as well as if you ever did standard of care? You don't

even know what you're dealing with.

You're throwing all of the what I call internet oncology at it.

Integrative Oncology, Misuse, and Hope

So the juicing and all these different things. No, this person had a cancer type that suggested that was not the approach. The other thing is they had lot of fluid taking up valuable real estate, which is incredibly painful, but also begets more inflammation and more angiogenesis.

And I invited that this person have that fluid removed for, number one, comfort, but number two, to send that food off for testing because then we can get all the information.

We can learn all of the personality of these cells that are in here. And we could also learn if that was just inflammation of inflammation or the tumor.

That was also refused. And this person opted to go and spend $150,000 at a clinic south of the border, who I know this clinic well. I think they're all well intentioned people, but everybody, whether you're stage four breast cancer or stage one lung cancer, or glioblastoma, you are all getting the same approach.

You're getting a collection of treatments thrown at it at once. And this person from her labs, as she did allow me to get some basics on, showed that her terrain capacity was at max and that any amount of oxidative therapy could likely topple the last standing organism within her.

I was so worried because she could have spent $75,000 to go and have a therapy that is actually through five different clinical trials at MD Anderson that was non-invasive, non chemo, pulled her own cells to turn it into a double-loaded T-cell dendritic vaccine that she could avoid the surgery, avoid chema, and avoid radiation that's she was helping and avoiding that harnessed her body's wisdom through standard of care technologies with a very thoughtful approach forward that would have changed the game.

And so it breaks my heart when I see this because I have definitely seen this Nat over my career. I've seen a lot of folks who were just as willing to go down the sinking Titanic of alternative medicine as they were to down sinking the Titanic as standard of care medicine.

The real magic is in the combination and using data to drive that. And I believe that people jump in willy-nilly with protocols in both sides of this that have no business giving those or receiving those protocols.

Beautiful, thank you. Again, the two women I know threw a lot of money at the problem, and it's this siloed approach. It has to be this way or that way.

And- It's nuanced. Nuanced, take the best of both worlds, right? And each world in a perfect world allows the better to come through. Okay, a couple of little things to finish off with.

You mentioned something about the last five years. So what are the changes that you've seen post 2020 that, you know, the new BC. Yeah, because I had a collection of clinicians all over the world.

I was training. This wasn't just an opinion of mine or me seeing a handful of people that was coming through my personal filter. You know there's like a non bias aspect of this.

So I'm seeing clinicians, all of our from conventional oncologists to naturopathic doctors to everybody in between. in 46 countries, so over 1,400 of us in total.

And now we were looking at data. We were doing cases together. we Were discussing things together, and first we saw the changes of just the pandemic itself.

In the United States, we're losing longevity to what the scientists call the era of despair. So we are losing our longevity, to suicide and drug overdose.

Those numbers skyrocketed. during the first few months of 2020, you know, after the lockdown, because we became even more isolated than ever at a time we needed each other more than never.

And there was that piece, and we saw, talk about the stress and about cadence of our timing of getting tests and imaging and treatments, it effed up a lot of stuff and a lotta people.

So we a saw a lots of things get really, like the snow globe was shaken really hard then. But then we started seeing some other things when people would have the infection itself.

We would see that there were interesting biomarkers that were coming back that we're confusing, that are different than anything I'd seen in 30 years prior.

I was like, well, it's an interesting pattern. And I started to see things that patients with lower vitamin D levels had worse outcomes, folks with higher insulin levels, had worst outcomes.

Folks with high C-reactive proteins had a worse outcome. patients with poor neutrophil lymphocyte ratios, high fibrinogen activity. I was sitting there going, okay, there's patterns.

There's definitely a metabolic driver to this. Don't understand it. down the road as we started rolling out the injections, that's when things got really interesting.

And that when we start to realize if we even ask the question, we would be deplatformed. So we have conversations behind the door, including with experts in immunology and oncology all over the globe, include people who were at the top of their game, editors of British General of Medicine and the JAMA and other things that are not considered esoteric woo-woo naturopathic oncologists, right?

We're also saying something's not right here. And then we started reading the literature about things like the PIK3CA mechanism, which is a driver that gets turned on with this, with the spike protein, both in the injection and the infection that turns up this metabolic driver, that turn on cell proliferation and is almost unstoppable without extreme intervention.

We started seeing these things of cytokines being turned, interleukin-6, interleukin 10, which are known drivers on the oncology space, but also in other conditions.

We started seeing really wonky things with neutrophil to lymphocyte ratio, we started see blood dyscrasia, kidney cancers out the wazoo more than I'd ever seen in my entire career.

It was just like overnight. And, you know, when I would ask the question, people just said, Oh, it's just your filter, your despite it being hundreds of our experiences.

And so what then also started to become really apparent is that the treatments we'd seen work forever in the integrative space stopped working. As effectively as they had before and we saw patients who'd been in really robust long-term remissions or stability Somewhere like out of nowhere start exploding and progressing again That was a shock and people who went from basically zero to sixty from thriving to dead out Of nowhere was A shock there.

It was like something I've never seen I Buried more patients with a cancer diagnosis in the last five years that I did in 35 years prior collectively or 30 years prior collectively.

And so this all speaks to the immune system getting thrown a curve ball that we've yet to really figure out. Yeah. People like Dr. Vajdhani from Cyrex and Immunosciences start showing there's kind of like five major patterns.

There's this autoimmune pattern, there is this cytokine pattern. there this metabolic pattern there, this immune depletion pattern so there even sort of five or so patterns.

So that's why when people say, well, why didn't Peter McCullough's protocol work for me or this or that or does it's because we even express the way it affected us uniquely.

look at these other buckets that maybe we chose a really good protocol, but it wasn't the fit for us. So this is what my colleagues and I have been working on behind the scenes is, what other metrics should we be watching for?

How can we assess the pattern of how this expressing? Because even if you've never had the injection or theoretically had infection, we're seeing spike protein levels in everybody.

In everybody, it's not possible. It's insidious. And so how do we work with that? Just like with EMFs and cell towers, it's not going away. And like our conversation earlier with grave shifts, how to work it?

And now I feel like that's kind of the question that I'm really kicking around and working with now in my own work in my own life, because I've been very directly impacted by this.

And so I am learning. I hope that I can speak to it and write about it, and share about more in time. But I'm hopeful for some of the things I have seen, like the power of things like apheresis, the powers of photodynamic therapy, things of fiber analytics, polyphenols, plants analytics.

There's some really, really cool things, but the fundamentals are so critical here, dealing with your stress response, your circadian rhythm, you're light exposures, all the things that take the pressure off what's already going on.

And the good news is that you're not alone, right? I mean, you are part of a collective, a huge hive mind. And there will be another episode of the podcast speaking with a doctor that, well, Dr.

Robin Rose, who's tackling this thing head on as well with physicians in Europe and all over the world. So, folks, There's so much hope here and there's lots to be done.

And yeah, there are some crazy stuff we've never seen before, but you've got a lot of people hard at work with it. It's just like those shift workers, the buffer zone that we have for bad behavior.

shrinking. So maybe we just need to dial in a bit more on the basics as we're figuring this out as go. We're going to finish on a high note. I want to end with vision and hope.

You've talked a little bit about your ideal clinic from scratch, so we are not going go back there again. What basically boils down to? What gives you hope?

I think what gives me hope are conversations like this. of someone who's even interested in having them. There were so many decades where this was a very interesting conversation for me and no one wanted to have it.

It seems to me that there are more of us finding each other than ever. That gives me hope. And that gives hope that also what's changed is that no longer are we depending on the doctors and the scientists to figure it out for us, the patients are changing it.

The patients who are demanding it, they are advocating for themselves. They are being activists and we have to listen and respond. Yeah, beautiful. I love it.

All right, Dr. Neysha, where can people find you and find your work and fine practitioners that have been because you're one person and you've got big, big agendas on your plate.

So where do they find the practitioners Yeah. Or where do practitioners get trained in all this? Well, there's, I mean, really, simply just come and look for me at Doctrination.com that has a lot of that information right there.

It has the books, it has, the events, It's got all of those options right. There's kind of a one-stop shop at this point. And if you want to kind know what's just kicking around in my mind these days, you can also follow me on Tend the Terrain Substack.

And my book, The Metabolic Approach to Cancer and Mistletoe in the Future, Emerging Future of Integrative Oncology, also cover a lot of what Nat and I talked about in these two episodes.

So those are some really rich places to go and dig. There'll be more free resources coming to the Dr. Neisha website in 2026 as well. Thank you so much, as always, for your presence, your work, contributions, time.

Thank You. Always a joy. You as well, love.