Introduction and summit overview

It's not being lazy and not exercising enough and eating too much. You heard that saying or that kind of, oh, that concept where the cop finds this guy at night and he's looking underneath the streetlight and he's kind of looking around.

The cop's like, what are you looking for? He goes, oh, I lost my keys. Gosh, do you kind of remember where you dropped him? And he's kind of looking around and he goes, oh, over there in the bushes.

And the cop's like, what? Why are you looking over here? He goes, well, this is where the light is. This is how, when we keep telling people, oh, you're just lazy, you're not exercising enough, you're eating too much, when we tell them why they're metabolically broke, and that's looking under the streetlight.

But we have to go look into the bushes. This is Dr. Talks. Hi, everyone. Welcome to our Reversing Type 2 Diabetes Summit. I'm your host, Dr. Beverly Yates, ND.

Today on our session is my distinct joy and privilege to interview my colleague, Dr. Nasha Winters. She's a fantastic expert and a wonderful resource.

And with our talk today, we're going to unpack some of the details on what goes wrong with people's metabolism and how things can shift, whether it's a metabolic syndrome, it's for cancer, type 2 diabetes, pre-diabetes, and other things that are really very intimately connected.

So we're going to bring you the goods on this session. Let me introduce my colleague, Dr. Naisha Linners is a global healthcare authority and a bestselling author in integrative cancer care and research consulting with physicians and other experts around the world.

She's educated hundreds of professionals in the clinical use of mistletoe and has created robust educational programs for both healthcare institutions and the public on incorporating vetted science-backed integrative therapies in cancer care to enhance outcomes.

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

This facility will be a residential setting and a gorgeous campus against a backdrop of regenerative farming, EMF mitigation and retreat, as well as state-of-the-art medical technology and data collection and evaluation to improve patient outcomes.

Because after all, it is all about the results and the process to get them. All right, Dr. Natia Winters, welcome to our summit. Thank you so much, Dr.

Yates. First of all, that's a mouthful, and I really appreciate you offering that lovely intro, and it's an absolute privilege to be here with what you and I were saying before the video started rolling.

This is such an important conversation to have, so I'm very honored to be part of this. Great. Welcome. We're glad to have you here. So some of the things that we're going to talk about have a lot to do with metabolic flexibility and defining it.

What does it really even mean, right? And the secrets to overcoming metabolic syndrome. So Dr. Winters, tell us. Let's start at the very beginning. We want to make sure we bring everyone along.

We know our audience is both consumers from the general public as well as people who are fellow health professionals. So we don't want to assume that people do or don't know.

Would you please define metabolic health? So this is kind of funny because what metabolic health is, is actually what it isn't. So metabolic health is the absence of metabolic disease, very simply put.

And so when we say that, a lot of times people will think metabolic disease and they might immediately think just obesity. or maybe just diabetes. But I would love for your listeners to know that it's far more reaching into and beyond those sandboxes.

Right? We're learning this.

Defining metabolic health and common myths

I mean, my gosh, you and I have been at this long enough time in the naturopathic field to understand the interconnectedness of things and to understand that we don't really silo off diseases.

We want to understand the environment in which the disease was created. And so what we start to see in the realm of metabolic disease is there's a lot of common denominators under all of the major chronic illnesses that affect us today on this planet.

So we mentioned obesity, we mentioned diabetes, but there's also things like cancer, which is the area of expertise where I hang out, but also cardiovascular disease.

That often surprises folks, right? Mental illness. We're now having entire field of metabolic psychiatry. Amazing. It's such a burgeoning, like we're in, we're at the pinnacle of this as it's starting to be realized.

Alzheimer's, you know, a lot of people now call Alzheimer's type three, right? Type three diabetes. So it's a big one. Autism. I think a lot of people are surprised by that given that we have one in 36 children today being born with autism.

This is telling us that we've got a metabolic disease crisis on our hands. We absolutely do. And it's both apparent and not apparent. People make the assumption, if they see that someone has on a surface insulin resistance symptoms and signs, that they are completely unhealthy.

They also make the assumption someone is lean and doesn't appear to have any signs of insulin resistance that are easily observed by the casual observer, that they are healthy.

Nothing. It's not that simple, right? It really is. I wish. I wish. And it's definitely what we were taught in med school back in the nineties. You know, like that it was, this is what the textbook says and shows.

And then we got out in the real world. We got out into practice and lots of learning curves thrown at us. So, you know, you probably have someone speaking to the very concept of Toffee.

Thin on the outside, fat on the inside. It's a real thing. It's a real thing. It's a real thing. And the concept of non-alcoholic stereotica hepatitis or fatty liver or some of these other, it's got new names applied to it over the last decade or so.

But basically people who are like, but I don't drink alcohol. Okay. Well. Let's let's talk about that. And then to your point of the folks that are walking around with a few extra LBs on board that we're making assumptions that they're metabolically broken.

And yet when you look under the hood, they're probably healthier than most of our trophies walking around. And so we do have to stop judging the book by the cover.

We do have to stop making sort of a judgment in general of, oh, your liver enzymes are high, so therefore you must be a closet drinker, or your overweight, so therefore you must be lazy, or you're really skinny, so therefore you must be able to eat everything and anything you want.

All of those are lies. Yeah, they're lies. They are total myths. I love that you are myth-busting right off the top here. We're going to keep bringing the goods and unpacking this because there's just so much confusion.

And there's an aspect, particularly for type 2 diabetes, pre-diabetes, really any blood sugar dysregulation, that has this blaming and shaming and discouragement and a certain meanness.

That old 1950s advice of, you know, eat less and move more is inadequate in today's cortisol nation. My gosh, like, you know, I will tell you right now, my unhealthiest, my most metabolically broken patients, you're ready for this?

This one shocks people. And this isn't the cancer world, mind you. But remember what we talked about earlier, the metabolic threads are the same. So you could just label this diabetes.

You could label this cardiovascular disease. But my least metabolically healthy patients are my endurance athlete vegans. And here's our- That doesn't surprise me.

Right? And in our cultural visuals, we'll be like, that's what I strive to be. They're doing all the things right. They're doing all the right diet. They're doing all the right lifestyle.

But when you look under the hood, there's a lot going on there. a lot going on. There's a lot going on there. So again, you know, we really can't make assumptions.

You know, we're big proponents of the idea of test, don't guess, do your homework, don't make assumptions about people. And if you are seeing doctors know the health professionals, they're making assumptions about you, either find yourself a new member of the team or call them out on it because I've seen so much harm done when someone clinically makes an assumption about someone and doesn't ask them what's the order of events.

You know, I have a very dear friend who passed away, my best friend, and part of the clinical dysregulation that she kept running into, she was another part of the country, was that because when she went to see doctors in her later years.

She was so severely obese. Everyone assumed that she had been fat her whole life, et cetera, at that level. And that wasn't true. The last thing that broke for her health was her weight gain.

She had had so many other symptoms and problems when she was lean and people never asked her what was the order of the events. So I just want to put that out there.

It matters. People advocate for yourself. If you can't do it, bring somebody with you. I got chills, that's so powerful. And you know, when you say that again, I think that we look at, I mean, I don't know about you, but when people would come to somebody like me with a diagnosis of cancer, almost every time they say, but I was healthy until I got cancer.

Yes, people do say it like that. So you have your friend who was the example of something's wrong, something's wrong, something's wrong, and no one's listening.

And then I get the other side of the spectrum of everything's good, everything's good, everything's good until the bottom falls out. Exactly. Both ends of the spectrum.

And to your point, it's all about what do we do to assess what's going on here? And in the world of just the definition of metabolic health from standard of care, right, this is what's agreed upon in all the biochemistry textbooks and the medical textbooks and the medical, you know, the NCC and like the NCI and NHS guidelines is that metabolic health is defined, there is these five main components.

Right? So hopefully, we're laying a little crumbs here to a path that suggests that there's a lot more at play than just these five things. But hear me out to know what these guys are all about.

Minimal belly fat. So they define that right off the bat. Minimal belly fat. And literally, they say, you know, just waist to hip ratio. You've got to have the waist smaller than the hip.

So that's one level. Second level, normal blood sugar. But let me just qualify. The way we talk about blood sugar in this country is we are normalizing.

The parameters are getting wider and wider and we're saying, that's normal. And we're like, no. And so remember our labs are based on the average of the population.

Right. And it's a sick population. Thank you. Exactly. And the sad part is it's even based on, like, regionally. What might show as, say, normal blood sugars in, say, Alabama would be considered high.

Like, that's not equanimity. That's not equality, right? So we got to change that up a bit. Thank you for pointing that out. Those lab standards are varied by region, which is crazy.

This is not even scientific. But anyway, go ahead, please. Exactly, it's huge, huge. The third one, normal blood pressure. Now, let's talk about normal because we might, yes, I love that she did the air quotes, guys, because what's really important is about endothelial response, stress response, like the relationship between the high number and the low number, the patterns, the trends.

You don't go into a office and have someone do your blood pressure and say, oh, you've got a problem, put them on blood pressure meds. We are taught in med school, you must see three in a row, but you also need to qualify with your clients.

What causes metabolic disease

Do you get nervous when you come to see me? Does this look different at home when you're in the comfort of your own home than it does when you walk into a stark medical environment?

So we need to be more conversational about what we're actually looking at when we're looking at blood pressure. Did they just run up the stairs to come see you?

Did they almost get into a car accident? Were they late to their appointment? Are they pissed off because they've been in your waiting room for two hours?

There's a lot that goes in to that blood pressure. I qualify that a little bit better. We push, we get freaked out by it being too high, but guess what?

In our world, it's actually just as problematic to be too low. because you're not oxygenating those tissues and that's a problem. So that's it. The fourth one, what's just like your mobility, your range of motion, your joint health, your muscle mass, your texture?

Like, is it just like, are you just like a bag of bones? You know, is there, even if you're a larger person, is there some muscle, there's some strength in you?

That's something to consider. And then the fifth one is just how's your energy level? I mean, what, 80, 90% of the patients that walk into our office complain of low energy.

And chronically, we'll talk about this more in a moment, but the first sign of mitochondrial metabolic dysfunction is poor energy. So, right? So we know that those are pieces.

And here's the caveat. You're like, well, I achieve all those things. I've got a good blood pressure. I've got good, you

know, blood sugar. Are you taking meds to get those numbers?

Cause if you're taking meds to get those numbers, that's cheating. That's not metabolic health. Get this. A study, you probably have talked about this a million times, but it's always worth repeating.

A study came out in 2018 from North Carolina Chapel Hill, showing that only 12% of us are metabolically healthy. So those five, and they're based on those five parameters we just discussed.

And that was before the pandemic. Thank you. Oh my gosh. I love that you just said that because the study that came out from the Journal of Cardiology, I believe in July of 2022. So notice what Dr.

Yates just pointed out here. You'd think it would have gotten better, but it didn't. It got worse. We are now 93.7% of us are metabolically broken. Less than 7% of us now can enjoy the benefits of metabolic health, meaning the absence of metabolic disease.

That is not a sustainable thing for human health going forward. And I am terrified for our children and grandchildren's generation. This is problematic, deeply, deeply.

We got to turn it around. That's why we're doing this summit. This is part of it, right? Exactly. Keep your partner with me, okay? So now that you've gone through these five steps and thank you for laying it out so clearly and beautifully, right?

Like that was just a master class. Folks, I hope you're taking these. Share this session, please, with any and everyone you can, because this is important to have clarity about these things, right?

Okay, so now I have to ask you, Dr. Winters, what leads to metabolic disease? Well, it's not being lazy and not exercising enough and eating too much.

Let's just start with that. I mean, yes, that can play a role, you know, but more of an, like a peripheral role. But we're looking, it's like, you heard that saying or that kind of, oh, that concept or the cop fault.

finds this guy at night and he's got his, you know, he's looking underneath the streetlight and he's kind of looking around. The cop's like, what are you looking for?

He goes, oh, I lost my keys. And the cop starts helping him. And after a while, the cop's like, gosh, do you kind of remember where you dropped him? And, you know, he's kind of looking around and he goes, oh, over there in the bushes.

And the cop's like, what? Why are you looking over here? He goes, well, this is where the light is. This is how, when we keep telling people, oh, you're just lazy, you're not exercising enough, you're eating too much, when we tell them why they're metabolically broken, that's looking under the streetlight.

But we have to go look into the bushes. And so what naturopathic medicine, functional medicine, systems thinking medicine, ancient medical modalities like Ayurveda, Chinese medicine that think more about the whole organism and its relationship to the insides, to the outside world around them is where we have to look.

And so in my book, even though it's called the metabolic approach to cancer, it really should be called like the metabolic approach to life because those threads mentioned are very similar.

So there are about 10 things and any of my colleagues, they might have their own favorite 10 or their own eight or nine. But ultimately, I think we can agree that there are about 10 major drops in the bucket.

One of them is epigenetics or your genetics. So Remind you guys that does not mean, oh, you're a sitting duck, and this is inevitable, and my dad had diabetes, my grandpa had diabetes, right?

And so that tells you, you have the propensity for it, but you also have the power to change it. You overcome that expression, number one. Number two, okay, what kind of fuel are you putting into the fuel tank?

So food is important, but it may not be so much about how much you're eating. It may be what you're eating, the quality of what you're eating, And better yet, when you're eating.

So that's a biggie, right? Third, toxins. It's no longer a matter of both. Dr. Yates and I had the privilege of studying with Dr. Grinian at some point in our lifetime of kind of our father of modern environmental medicine.

You know, he talked about it's no longer a matter of if you're dealing with toxicity, it's how bad is it and how does it interface with your container?

Right? And so toxicity is everywhere. It's ubiquitous. And so all of the things that are causing endocrine disruption, which is one of the other drops in the bucket is hormonal regulation.

Those endocrine disruptors from our environment are even impacting how our hormones work from Earth. thyroid hormone which is very important in our metabolic set point to our sex hormones to our sugar hormones to all the different things so if that's wonky, this is a cascade of events affecting all of our hormones which are the communicating signaling systems of our body.

Fourth, our microbiome. I mean, my gosh, as nature passed, we've been obsessed with the microbiome since the beginning of time. Everyone sort of made fun of us, but now it's all the rage in the studies out there.

We understand that even a simple change in a particular balance of your microorganisms, like too much, you know, bacteroides versus not enough acromantia, that can lead to an increased risk of all kinds of metabolic dysfunctions, including obesity.

So it's like, well, blame your microbiome, right? But then what's that getting hit from? So it's not like we don't just say the microbiome is a problem.

We say what's causing the problem in the microbiome. So things like the endocrine disruptors, the glyphosates, the food chemicals, the antibiotics in our food supplies and our water supplies, just all the things, right?

Then we look at the immune function. We're coming out of a world pandemic that probably should have been a clue that our immune systems aren't working very well.

We've been exposed to a lot of things since the beginning of time, right? We co-evolved for 70,000 years with a lot of different organisms that when they had an opportunity to take us out, it was when we were vulnerable, when we were in a state of distress, when our environment internally was not robust enough.

And so those are the things we need to consider there. We've also been terrified of things like the sunshine. We've also been misinformed about the proper quality fats in our diet, that we are missing some of the most critical immune nutrients vitamin A, vitamin D, vitamin K, as well as vitamin C, zinc, selenium.

These are things that are almost just void in our food supplies today. Inflammation. People are shocked when they think about how much inflammatory processes are going on and driving metabolic syndrome, but also metabolic syndrome driving inflammation.

It's a two-way street for sure. And then we've got oxygenation. I kind of alluded to that earlier. So circulation, oxygenation. Then we get into the hormones we've already mentioned.

stress and circadian rhythm, and finally the biggest drop in the bucket, mental-emotional. There are so many studies about the impact of trauma, both Big T and Little T traumas, even from high A score, so adverse childhood events at a young age preclude a higher tendency towards metabolic disease of all kinds, but so do the little ongoing tease of our day-to-day life on modern day planet.

So those are the big drops that it's not your fault, it's not one or two things, it's a whole collection of things and you are biochemically individual and you need to go to someone who can help be a detective with you to understand what's driving your metabolic process so you know how to Get yourself into that 7% and greater number of people who are enjoying metabolic health.

That's great. Thank you for walking us through that. I think that in today's world, it is a challenge and a half, the challenge of a lifetime, perhaps, to have any kind of metabolic health.

It really is much more work now than probably was true, say, 80 years ago. And not to wax poetic, there were other real severe problems 80 years ago, like the water supply and, you know, all sorts of unfairness was going on.

But today, this toxicity thing and all that goes with it. Especially thinking that like the modern times we'd actually be more advanced in preventing some of these issues because we we cleaned up the hygiene.

We cleaned up, you know, the waters. We did so much good, but we overshot in other places. You know, we kind of. We kind of took ourselves further and further away at the natural rhythm of the world around us and sort of secluded us, siloed us from that.

And it creates a lot of discourse and disconnect within our physiology, but also between each other and the world around us. I agree with you. You know, I feel like we are all in the midst of a giant experiment whose outcome is not yet determined, but so far the trend is not a good one.

We know with a lot of the new chemicals and things that have been unfurled, they don't have 50 to 80 years, 100 years of proof behind them, right? They're new.

So we're all in the test tube together. The global test tube, that is such a good analogy. That's going to stay with me. All right. So then as we walk through this, we've talked about what is metabolic health.

Recognizing metabolic flexibility

We've also said what leads to metabolic disease, right? The presence or the absence of certain key markers, things that people can recognize for themselves and for health professionals, clinicians listening, things that you can help your patients and clients with and be an advocate, right?

Or if you need to, up your game so you're better able to serve people or refer them as appropriate. All right. Next question here, Anatia, as we dig in.

How do you know if you've lost your metabolic flexibility? What would you look for to recognize this? I love it. Well, so, you know, those five factors, they're kind of obvious that even standard of care can agree upon.

But I also ask people questions like, how comfortable are you for going a meal, say, for four hours? You know, are you able to comfortably fast from after dinner until breakfast the next morning, so 13 hours like we're not we're not even talking about changing what you're eating at like how comfortable you are you to go hungry.

All right, for a little bit of time. That's my first clue. If people have to have a snack at bedtime. If they have to have something right when they get out of bed in the morning, if they have to eat every two to four hours, that is a very strong clue that they're metabolically unstable.

Very simply put. So that's a very like home-based test. Okay. You can also, if you have the financial resources, you can start to play with things like continuous glucose monitors.

So you can see how not just your food is affecting you, but your stress. your sleep-wake routines, your exercise routines, like do they spike your glucose or do they normalize it?

So those are some pretty powerful instant feedback tools. So are things like heart rate variabilities, HRVs, which

are showing you like the lower your HRV score, the more metabolically off you are, the more disconnected you are to the rhythms of your own body.

And so that you want to work on that number. But those are like the sexy biohacker costly things. If you've got the money and the resources, you want it, go for it.

But simply put, do you see ever the sunrise or the sunset? Do you get outdoors more than the average American, which is the average American is outdoors less than 15 minutes of every day.

Do you look at the screen time after dinner and into the nighttime hours on your phone, your tablet, your computer, your TV? Those often shock people when I say those have a direct impact on the health and wealth of your metabolic processes.

And there are things that you can start to do for free to change that. Start to get yourself into a rhythm, into a cycle, right? Of being aware of how you currently live.

So you can start to sort of audit yourself and then start to make little upgrades. Wherever it's feasible in your life, it doesn't have to all be done at once.

And then the other thing is let's take a walk through your house. Let's take a walk through your pantry. Let's take a walk to what you're putting in on and around your body at all times.

Are you loading your skin up with all those endocrine disruptors? Most women have an average of 90 different chemicals on their body every single day.

just body care products, makeup, shampoo. What are you washing your clothes with? What are you cleaning your house with? Those are things that impact your metabolic health by impacting the endocrine process in your body.

What's happening if you live in an HOA? You know, are they spraying glyphosate roundup outside your door to get rid of that pesky dandelion? you know, are the windows things like, oh, gee, it's like, let's kill that really good medicine that's here to save us and amend our soil to amend our soil.

But you know, that's another conversation. But then it's like to know and we're teaching you like how to become aware how to be start to kind of screen and assess your own terrain.

But also we're teaching you how to become an advocate, as you noted, and an activist, because it's going to take all of us leaning in together against a system that's inherently broken and inherently toxic and inherently driving this metabolic problem even further.

Absolutely. There's just multiple opportunities here for healing is what I'm hearing you say. And people need to be aware of what are the pieces they can recognize for themselves.

And then for the health professionals and clinicians to understand how can we really accurately assess that whole idea of paying attention, asking the questions, not making assumptions, the tests don't guess, et cetera approach, right?

Is the way to really uncover this because people can be surprising in terms of whether or not they actually have metabolic flexibility, you know, what does it even mean?

Okay, so now that we've walked through these things, what is it that someone can do to recover if need be or to instill metabolic flexibility? I love it.

Well, again, because I'm trying to make this accessible to everybody, so if you don't have the financial resources to go and get a series of labs run, even your annual physical, you could make sure that they get at least the fundamentals run, which I start to learn how to request four of CBC with differential, so your complete blood count

with a differential.

That can help me see a lot what's going on with your immune system. A CMP, complete metabolic panel, that's going to show me a lot of your organ function.

Testing, labs, and recovery strategies

Let's look at an inflammatory marker of C-reactive protein that's just as such a prognostic for all kinds of conditions, right? And then we can look at one of our most inherent support for all those buckets we just talked about earlier, vitamin D.

knowing what the vitamin D level is, that's really powerful. And I would really encourage people to get an insulin and an hemoglobin A1c. And if you have the resources, you know, you can dig much deeper.

But those are the fundamentals that those simple tests alone, even through some of our direct to consumer labs, run you about 50 bucks. So it's not ridiculous, but for some people it may be out of reach.

So if you can't wait for your doctor for your annual visit and you've got the resources, it's worth going and looking under the hood for yourself. And then knowing to talk with somebody like a Dr.

Yates or Dr. Winters on this planet who understands the difference between what's normal on these lab ranges and what's optimal. So bring those ranges in a little bit can help you determine how assertive or aggressive you need to be to recover your health.

And so that's our base camp. And then at that point, depending if you are already crossed the threshold and you're already into lots of the problems of those five major parameters we talked about, or you've already got a diagnosis of diabetes or cancer or heart disease, you likely need to have somebody on your team helping you, whether it's a really well-trained patient advocate, a really well-trained coach that works well with a conventional medical team, a naturopathic doctor, a functional doctor, an integrated medical doctor.

You want to talk to someone who actually has had some training and understanding in the philosophy behind metabolic health, not just these are the five parameters, but to understand that you can be empowered to change it.

And people who understand how to use food foundationally as your best medicine, or even fasting foundationally as your best medicine to know how to support you because we actually are much more powerful than we're led to believe.

And there really are a lot of simple and inexpensive and even free tools available to us. And most of them start at the end of your fork. Well said, well said.

So a few questions for you. I love that you walk people through the kinds of labs that they can order for themselves or make sure a provider orders on their behalf.

And there's a lot more direct to consumer lab options now, so someone can go and get lab work. So if they don't have access to a doctor or the doctor's uncooperative, they can still get the data that they need, right?

So two questions for you. One, when it comes to insulin, do you recommend that people get that drawn as a fasting test or does it matter? I love that question.

So I'm a person who wants everyone fasted. I want to see what their labs look like in that state. It's also a nice, like it teaches us something when the patient's like, I couldn't, I couldn't fast.

I had to have something that's already like, we already know that. And that's our clue as the, as the clinician going, okay, we know there's a little bit of problem here.

So we're going to be prepared for that, but we want it at least 12 hours. And here's what's interesting. No more than 16 hours. I've got a lot of patients who have gotten into the fasting kick and they get excited like, I'm come off 36 or five day and they go and look at these labs and they have a heart attack.

They're like, what is going on? And I'm like, wait, wait, wait, wait, wait. There's a moment when your body kicks into gluconeogenesis in that early phase within about 24 hours of your fasting that can make things look, because it's going to dump all the storage of glycogen and glucose out into the systems.

And it's going to look a little scarier. It's also going to make your liver enzymes look a little scarier, maybe even your immune function look a little scarier.

And it's just transient. So we don't want you over fasted or under fasted. We want to get that sweet spot to see how you're doing. So that's a really good question.

I'm glad you clarified. And then I also like to qualify. A lot of doctors will tell our patients, it's fine to have your cup of black coffee. It isn't.

Water only, right? Water, and I do recommend hydration, especially if you're going to get a bunch of tubes. A lot of my patients get a nice bleeding when I send them in there.

Yes, plain water, because guess what? That little cup of coffee is going to spike your cortisol, which is going to spike all your blood sugar parameters and your triglycerides and your liver.

It's going to confuse the picture. Please have that cup of coffee waiting for you in the car right after your lab draw, not before. Thank you for making that so clear.

Absolutely. The science, the facts, the data, this is how it actually works, right? So one other thing I would like to ask you about, just everybody's crystal clear about ordering labs and what to look for or in their interpretation, depending on who we have in our audience here.

What is it that you recommend that people have ordered? Is it CRP, which stands for C-reactive protein, or HSCRP, which is high sensitivity C-reactive protein?

So it's a funny thing because if we have, in our world, like I'll pretty much take any CRP you're going to run. I just need to have it quantitative, meaning I need to know exactly what the number is.

I don't need it to say less than five or less than three. That honestly in my world means nothing. I need to look at the exact number. There are a lot of physicians out there who will be like, if you order a cardiac CRP or a high sensitivity CRP, they will often say they can't get insurance reimbursement for it unless that patient has a cardiovascular diagnosis, which is a little erroneous, but at the same token, I'm not too attached as long as it's a consistent one and it's a quantitative one.

I like that fasted as well. Okay, great. Thank you for making that just crystal clear, because I'm sure people are taking notes and listing what they should order or have ordered.

So we're going to make sure we get that detail or distinction, because I know sometimes people are confused about just CRP versus CRP, what and when and why, right?

Okay, perfecto. That was really great. What is your advice for people who are trying to figure out whether or not metabolic flexibility is part of something they need to investigate?

Maybe there are people who have recovered from a cancer diagnosis and they are healthy now and things are just fine. And obviously they're highly motivated to have it stay that way.

Are there any insights that you would share or common mistakes people make? Take it either direction. Let's start

with the common mistakes, at least in the cancer world.

So let me qualify that first. So in the cancer world, when we get through our standard of care, there's this ritual that's beautiful, and we want to celebrate these momentous occasions.

But there's this ringing of the bell, typically after the completion of radiation or the completion of chemo. And there's this sort of general assumption, both the medical team as well as the patient and their families, that you're done.

What I explain to patients is that ringing of the bell is actually just, it's like the ringing of the bell on Wall Street and the first thing in the morning is just getting started.

Okay. Cause that's number one.

Cancer survivorship, mindset, and community

So that place when people, especially when I see people like celebrating like a blizzard or something afterwards, or like a big bottle of wine or something around from like, Oh gosh, you know, like there's like this moment of, Okay, we don't wish that in somebody, but the data is very, very, very clear that the cancer is a metabolic disease.

So we're like, okay, let's, let's, let's take this a little bit different way. So on the other side of that is when you consider like that kind of where you've rung that bell, we never want to return back to the soil in which we got sick.

whatever that condition may have been. So if you maybe have dropped a few pounds because of a new lifestyle and diet routine, you want to maintain that.

You don't want to celebrate it by going back to the way it was, right? You want to create and turn these new things you learn into a new life, a new lifestyle.

You want to reframe this to understand that this is not about, gosh, like, like taking away, it's about adding in. It's focusing on what am I bringing into my life versus what am I getting rid of?

And so there's a mindset around this too. We call it a metabolic mindset, right? It's a really powerful way to be thinking of don't personally, myself, my own stories, I went, you know, I had 30 some years out from my own stage four cancer diagnosis and I had to learn a lot of things along the way.

And I really didn't even grok it from 1991. It's the original time of my diagnosis until about 2009. I was still shooting in the dark, right. Feeling around.

And at that time I started to realize that I could not just be like, okay, I'm going to be really good for a couple of days and then I'll go back to the way it was.

Okay, I'll do this for a few and then I'll go back to like I was that was like a yoga It was really difficult on my body. It actually created more metabolic and flexibility so I've had to learn for myself that consistency and rhythm are really critical to the balance and maintenance of whatever chronic illness I would be facing And that would be true for all of our patients.

So we want to help you establish a new, exciting, hopeful, thriving life. And you're not missing anything when you change from the way things used to be to where you're going.

It's an incredible opportunity to do it better. Yeah, it's an ongoing gift you can give yourself. And sometimes I think the people who are in our ear that we are closest to, they matter.

And so we were off camera before we started our session. You and I were talking about the importance of community and some other things. You had a beautiful acronym.

This is a great time. Would you please share this with our audience? So most of you are, especially in the last couple of years, are familiar with the CDC, which is known as the Center for Disease Control.

By the way, it used to be called the CDC and Prevention, so the Center for Disease Control and Prevention. They've kind of conveniently left that part off.

I noticed that, right? They dropped off the prevention part. I think they kind of gave up, but okay. Agreed, agreed. That's so funny. So my version of the CDC is circadian rhythm, okay, diet, and community.

And when we look at the longevity factors and you look at the blue zones around the world, so environments where people easily make it over 80 and in some, a lot of these places over a hundred, the common denominators happen to be those, that CDC, my version of the CDC.

And so that's what's really interesting is it's not even arm wrestling or getting dogmatic about what diet, it's about what quality of food, what timing of the food.

Right? How you're ingesting it, what environment are you eating in? Is it on the run in your car? Is it sitting at a relaxing meal with all of your loved ones?

Like there's all these things. Is it stressful because you don't know when your next meal is coming? Or is it that you've got some disordered patterns that you just have to eat to feel anything in your life?

those are the things where diet is such a big, the big D on this piece here that it has a lot of different connotations, just like circadian rhythm. We talked about the light exposure and how that impacts and the, do you see the sunrise, the sunset?

Are you outdoors? What's going on? Are you taking drugs that might be affecting your menstrual cycle or things that are taking you away from the natural rhythm?

And then on that community, my gosh, we're coming out of three years of mostly isolation, which we've seen that that's created a major detriment. to our society.

Our longevity was already struggling here in the West, but it dropped even further in the midst of the seed of COVID. And so we understand the importance of community.

And weirdly, in this time of social media where we can all be in touch with each other, where you should theoretically be the least lonely that you've ever been in your life, we're the loneliest we've ever been.

And so I love these opportunities that you, Dr. Yates, and others are creating with these summits, these moments of empowerment, these communities that naturally arise after an experience like this summit allows for a level of true connection, true solidarity and true community to move the tide forward.

Absolutely, absolutely. Thank you for sharing all of these wonderful gems. You're just dropping diamonds left and right here. I so appreciate you as a colleague.

I really do. And as a woman, you know, it's just great to see people shine and bring forward their own lessons and experience and be able to share that on a bigger scale and a bigger stage.

So thank you for partnering with me. in making this difference for people who have type 2 diabetes, pre-diabetes, blood sugar issues, or who care about those who do.

Friends, please share these sessions with anyone you know who cares about their health or who simply needs great quality information. There's so much confusion and nonsense out there.

So kindly be a partner with us and share these things as we go along. All right, so Dr. Nature Winters, if people

want to connect with you and your work, find out more about your center for healing from cancer, Where can they reach you?

Perfect. Thank you. And thank you for this opportunity and for what you're doing, by the way. But folks can find me at nasha at mtih.org.

Closing remarks and resources

That's my email. I'm putting that out there because I want people to feel like they can connect to a real human. But I also, you can go and check out mtih.org, which stands for Metabolic Terrain Institute of Health.

which is the nonprofit that allows for this change to hopefully this transformation to hopefully take root. You can also learn more about me from my book, The Metabolic Approach to Cancer.

Like I said, you can scratch off the word cancer when you take a look at that and realize this is pretty applicable to everything. That's often a really good launching point to have you start to assess your own terrain, take your own terrain questionnaire, deep dive into maybe what drops in the buckets you might not be aware of that are causing you some issues and start having some tangible, actionable things that you can do with that information.

All right. Great. Thank you so much for your work, for your book, for your clinical efforts, for training other health professionals and scaling what you're doing because that way you can reach more people and have that impact.

I love that you're doing that for just so many reasons. This world needs you and many more people like you out there doing the work and getting the word out.

All right. That's going to bring us to an end to our session. Thank you so much, Dr. Natia Winters. Thanks, Dr. Bevel. You are awesome. Keep it up. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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