Personalize Your Medicine: Achieve Optimal Health Outcomes Transcript

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Introduction and Guest Welcome

I am Dr. Jenn, welcome back to the summit. This is the finale. And do I have an ending for you today? I have Dr. Donese Worden She is a pioneer, researcher, physician.

She is really taking personalized medicine to the most degree and taking very special care of her cancer patients. So I would like to welcome you. Thank you so much for being here today.

Thank you. And thanks for the work that you're doing in the education and getting this message out there. People need to hear what you have to say, but.

They sure do because you know that there's no reliable way of them finding the information that they need. I mean, it's really a shame, but we are a system that does not allow for free speech and we don't.

And the people that are the truth seekers are made to think that they're, you know, outside of the system and they're quacks. I actually pride myself on the fact that I am not referred to as a quack because, you know, it took me five years to get here.

And it means that I have tremendous authority in this space. Yeah. Yeah. So we're very, very proud of that. And the class that I have, like, paved the path before me.

From Pain Management to Cancer Care

Like Mark Hyman. Terri Wahls was telling me about her story of being called a quack. So, like, I mean, very, very, very good company. So with that, you know, everyone has their pain to purpose story.

So can you give us yours and like, let us know what brought you into this space and how you came to be a provider, such a wonderful provider for the cancer community.

At the beginning, I was in pain management. That was a specialty that I had doing injections, therapeutic injections. But then I kept seeing cancer. It kept coming and coming and I'm like, know I'm not going to do cancer.

Now, that's not my my thing. Finally, whatever we want to call it, not just the patients, but the the word. Universe and the. Universe called me and said, no, you are digging into cancer.

And that's been about 15, 20 years ago. So I said, okay, I'm listening. And I saw what the cancer patients were going through, what they struggled with.

The minute they had a diagnosis, they were thrown into surgery, chemo, radiation. They didn't even know the name of their disease or the name of their doctor, nor did the doctors.

No oncologists know their names. They felt helpless and empowered and just in a bad, bad state, no matter what they were choosing, they just felt helpless in that they didn't have a piece in this.

And I said, This has got to change. So I started digging and found the metabolic theory of cancer and those researchers so Dominic D'Agostino Dr. Tom Siegfried These are all pioneers and researchers that are in the metabolic cancer world.

So I work with them, I listen to them. We have research for people. For people who don't really know what that means. Can you just clarify that a little bit?

So Otto Warburg, who won the Nobel Prize, he he postulated many, many years ago in the 1920s with his cancer research that can support a quack. Right. Right. And now.

But, yeah, but now you know, he's he will he's got a Nobel Prize, so. Yeah. And that research is being forwarded by Dr. Tom Siegfried, who's written another book on the metabolic cancer.

Metabolic disease. So what it is in a nutshell is that very few cancers really are genetically driven. So what else? If it's not genetic, what is it? And we are still studying genes, we're still jet olive.

Our traditional oncology is still going down that pathway. And a book that people can read that will get you to this point in a better fashion and I'm going to do right now is Tripping Over the Truth by Travis Christofferson and it gives you the history of how we're have been and probably are still going down the wrong path in our in our research.

But the metabolic world is saying, okay, there's damage to the mitochondria inside the cell.

Metabolic Theory of Cancer

Remember that, too, that that piece inside the cell from biology that creates ATP for all the cell types. Yeah, it's like our energy factories, but it is.

But we also what Warburg discovered was that when there is damage to that and it can't respirator correctly, that that is found in most types of cancer cells.

So he said there's something here. So the postulation was that, you know, and then what's damaging it. So we know there's two big pathways, there's glucose.

That's why the ketogenic diet is big in our world. There is also the glutamine and glutamate pathway and that stress feeds that. There's also other pathways and we're working on natural inhibitors of that.

So there's two ways that those cancer cells are being fed, and that's where all this work is going. And it's to the point that very few cancers are genetic.

It's a mitochondrial disease in our in our world, in our hypothesis. And we're seeing very, very good effect with our cancer patients when we use metabolic therapies to treat them.

So I think the reason why there is so much focus on the genetic part is because then we can blame, then we can shirk responsibility. Then there's nothing we could do right then we are powerless.

And I think the system really wants us powerless because they they profit off of us being powerless. But we're not right. We're not powerless at all in many interventions that we can do.

That's right. And, you know, I work with oncologists. Sometimes the patient is chosen to do standard of care. That's where their peace in their comfort in their belief system is.

And we work within that so we can do these therapies while they're doing standard of care therapies, whether it's radiation, chemo, surgery. You know, we have my my goal and my guide of what I do is help them with these decisions where what do we know and not know about both sides of medicine?

You've got to look at both. You can't just blind side, one side's bad one side's good. No you've got to look at both and and be truthful about what we really know and what we don't know about both sides.

Yeah. And and and trust the intuition of the patient in their decisions, the intuition of the physician. So I put on my thinking cap, my research cap and go over all the data.

I go over all the science that we know when we don't know. And then we say, okay, you've got that. Do you understand that piece? Okay, now how do we make those decisions?

How do you make it? Because we don't have all the answers on either side. I think it should be by listening to what your gut or your intuition is telling you.

Yeah, it's so important. And I love what you said that, you know, we're not throwing the baby out with the bathwater. We know that there are lots of things inside the confines of conventional medicine which are worthwhile.

And I always say if you have a significant amount of tumor growing, right, you have a significant amount of tumor burden, right? Your proverbial sink is overflowing.

You have to mop up the floor, right? That's right. Chemo, surgery, radiation. This is mopping up the floor. However, for the long term, you have to figure out how to turn off that faucet.

What is driving that whole process. And it's the marriage between those two that actually gives us those answers. And the micro and macro environment of that tumor.

What you're talking about in that includes how much stress you have going on in your life, because you even if you're doing ketogenic and you're trying to not have sugar coming in in your diet, you're still dumping glucose when you're stressing.

So you have to look at the entire piece of everything, the whole environment of the body, the person and the cancer cell itself. Yeah, I'm not in favor of radiation in many instances.

I think we push that too fast, too much in most cases. There is a time and a place for it. Surgery makes sense. Like to your point, you've got a big tumor.

It's too much. It's overwhelming the body. Take that out.

Personalizing Treatment and Respecting Patient Choice

Let's get that tumor burden out as much as we can. Chemo. And you're well aware we have liquid biopsies. That's a blood draw that gives us a little more information.

Is there a chemo that makes sense? How many cells will be destroyed by that particular chemo and how toxic is it going to be for you? We also can tell by some of the newer labs are there are alternative medicines that might be beneficial.

People are doing vitamin C, IVs, but newer technology is showing that sometimes that's not helping. It's not working with that particular cancer for that particular person.

So now where are we putting our money? Where should we be doing? And what are those therapies? And we're getting better at that, being able to see which one of those things are best, because I'm not a fan of throwing spaghetti at the wall and hoping something sticks.

People that say, I want it all, I'm doing it all. We don't know how they play together. We don't know how they interact together. And if we don't know, we need to be careful in no for that particular person that that is a therapy that will kill a certain percentage of.

So yeah, I think that becomes particularly important with chemotherapy. Yes. In that, you know, the IV vitamin C, you want to know if that's going to help you or not because it's very expensive.

Yes, it's expensive in finance financially. It's expensive in terms of your time and your commitment and all of that. So you do want to know, but that's not going to hurt you, whereas getting six courses of chemotherapy that's not

helping you is very harmful.

And when we look at these women who are because of an archetype, which is such a nonspecific test, but because of an archetype, went and got the standard of care, chemotherapy and, you know, ten years later, they're dealing with heart disease, they're dealing with early dementia, they're dealing with osteoporosis.

They had their their skin is ruined. Their nails are ruined. They're in pain. Their joints ache. These are very serious consequences to accompany something that we don't even know if it works for you regret the one size fits all in conventional medicine.

It that time has come and gone. It shouldn't be that way anymore. So can you share with us how you personalize it for people? When the patient comes in, sometimes they have a mindset, I'm going to do traditional care, I just want to do the best diet or others come in and say, There's no way I'm doing traditional care.

I saw what happened to my mom and I ask everybody to be open. Let's look at in particular what you have. What are the best tests that we can do? What is already been done?

I described to them that the genetic piece that's been looking at, looked at in conventional care is giving us about 10% of the information that's needed, 10% of the information.

And they go, what? And I think. That tells us if you are if you have a broken mutation right over to mutation, apply PLB to mutation like that, that is different.

And that applies to 5 to 10% of people. That's right. Even even within that, there are very few of those mutations that are actionable. I mean, now we're seeing the PARP inhibitors and we know that they are effective in some of the women.

With a. BRAC, a mutation. Not all some. Right. But other than that, it's not leading us to personalized medicine. That's right. That's right. And so personalized.

Back to your question. Right. Is that look at the person. What do we have already? What are the genetic mutations? What are these things that we need to look at?

Is there a particular chemo that will target that? But we've got to understand that that looking at the genetic piece is all about, which chemo that's what it's about.

And that's 10%. So the other 90% is the the environment that I'm talking about. Now we start using liquid biopsies. We start looking outside of the box to say, what else can we see that will be beneficial for this patient?

Are they still eating foods that cause inflammation in them if they are and they're on this perfect, supposedly perfect diet for them, but those foods are causing inflammation that's no longer perfect.

So you've got to dig in and an individual basis to know what's going on with them and then get all the information in and then look at it from a global view of what's going to be best for this patient and listen to their belief systems.

Because the minute you put on your research hat, your physician hat, and you're not listening to what they're telling you and what you're saying, what they're saying to you, and you try to push them into a different direction that never goes well, Aaron.

I'm sure you did, too. We learn that early in our career, but many physicians still do it. Here's the box, here's what you have. This is what you do. And you've got to fit within that if you don't want to be your doctor.

Yeah, a good point. I heard it yesterday. Yesterday, if you don't have a mastectomy, you're going to have to go find someone else to treat, right? Right.

So that's when you say thank you for your opinion. I'm looking elsewhere. Yeah. Patients don't realize that via your doctor and they go, Oh, I can do that.

I said, Listen, we as physicians, we work for you. You're paying us for our expertize. Fire anyone who is not listening to you are not listening to your wishes.

We may not agree. It may not what we logically think or what we would have chosen for ourselves. But we got to respect the opinion of the patient as long as they are educated, as long as they really understand what we know and we don't know, then they get their decisions.

Yeah. Yeah.

Lifestyle, Stress, and Metabolic Support

So I hear you that you are digging deep into diet and movement and sleep and lifestyle and all those things that are going to affect both the macro environment and the micro environment.

Right. And you're talking to them about toxins and making sure that they have healthy ways to deal with stress. Because, again, if they are living in that cortisol dominant state, that sympathetic state, then they're just going to make glucose.

So you can be eating a perfect diet, living a stressful life, and you're still going to be making predominantly glucose that's right. That's right. That's messed, I think, in medicine. Yeah.

So if they have those pieces in place. Yeah. How were you personalizing their treatment. Right. So, you know, I'll look at everything. We spend the time, you know, I spend the time at the beginning I may want to go down the hormone pathways.

There's newer tests that we can see, pathways. Are you going down to a piece like a four hydroxy e, one that is causing DNA damage? I want to know that because we can block that naturally.

So we need a certain hormones. We need to upregulate good genes, downregulate bad genes. So personalizing is doing the right test for the right person.

And not just everybody that comes in gets this plethora of a lot of tests. I see a lot of physicians doing that. It's expensive. And if you're really listening and looking what they already have, you don't have to do as many tests.

But that being said, there are certain tests that give us a lot of good information to know what we should do personally for that patient. And I will tell you, in the metabolic world, no matter what, I recommend ketogenic diet and sometimes it's a therapeutic one and sometimes we've got to adjust it.

But ketogenic diet makes sense. They feel better. It helps them not have to get. Yeah, that's the muscle wasting that can happen. It feeds the brain. It protects the organs that we need to protect.

So big fan of ketogenic diet and hyperbaric oxygen therapy, those are two mainstays that are not really. We personalize the dosages of those things and how they're doing it, but pretty much everybody that comes in to me, those are two things that I'm recommending.

Then we personalize past that, and that includes what is that person thinking? How can I help them choose, you know, the big pieces, how to choose, not what to choose.

I'm giving them all their options and I'm giving them the data they need, but how are they going to choose? And I've got to get them into that parasympathetic state where they realize that they're so connected to whatever their belief system is that it doesn't matter.

Doesn't matter if they die, it doesn't matter if they have cancer. It doesn't matter because they feel that peaceful state when they get there, that's when the spontaneous remissions happen.

That's when all the things that you know, the traditional oncologist are going, I don't know what you're doing over there, Dr. Worden, but keep doing it because we don't see tumors shrink like this this fast.

We don't see this in the general population of cancer patients. So that's a big piece that that I would like to to stress today for for your listeners here is that and for the physicians is remembering that there's a lot of information in that intuition, get the information into the head, into the neurology.

And so that we understand we make we say, here's the decisions. Now, I'm not quite sure. Neither is my position now. You've got to rely back on that gut and that intuition because when we're working that side of the fence and personalizing that way, those are the best results I see.

And there's some amazing things I'm doing app of therapy, which is bee venom injections. I've got leading edge things in the research world that we are utilizing plant medicines, not not the psychedelics, but plant medicines that have great promise.

And I've got a lot going on in research and product development on that side, so that's exciting. I love that. However you got to use your intuition. Yeah.

So it's so interesting that I, I think the reason that people even get, of course, getting a, a breast cancer diagnosis is terribly, terribly stressful.

But then the whole paradigm in the conventional medical world is fight the fight against cancer. Right. And for as long as you perpetuate this kind of vision of fighting, what state are you going to be in?

Exactly. Cortisol, dominant state, exactly. I, I do think that we need a shift.

Hyperbaric Oxygen and Emerging Therapies

We need to look at it differently so that we are not fighting ourselves, but instead changing from that chemistry of stress to the chemistry of joy. That's right.

That chemistry of joy that we see those regression sense. Right. So I really do think that we need a mindset shift around cancer in general and we should stop referring to it as a fight.

That's right. And, you know this I'll say the thrivers, not just survivors, but thrivers are the ones that say it was the best thing that ever happened to me because it woke me up to what was important in my life, who I really am, not just mom, daughter, whatever they're identifying with who they are, they shook them to their core, woke them up in there in gratitude for, however many days, hours, years that they're going to live.

So when we start seeing it as a wake up call, it's something we don't want and we start seeing it that it changes the mindset. But I also let them know they say, I don't want you to stress over stressing.

So we have this conversation. They go, How am I not going to stress? So now I'm stressing because I'm stressing and it's making me worse. Yeah, I let them know that it's a protective mechanism at the beginning.

At the beginning when you find out and you're trying to decide, that's actually protective those stress hormones and helping you there in flee The bear fight the bear for the moment.

Yeah. But once that's done, once we know what we're dealing with, we've got to let go of that fight or flight and let the body. He'll make your decision from intuition and knowledge.

Once you make that decision, turn it over. Always still be active, watch, learn, do those things, but don't necessarily

identify every moment of your life with I have this kind of cancer.

Yeah, yeah, absolutely. I want to go back to the hyperbaric oxygen treatment and ask you, is the reason why it works is because it is oxygenating the tissues and cancer is an anaerobic state.

Well, there's still some thought of exactly how it is doing it, we believe. And the newest studies are showing it's antitumor again. Now it's working at the at the oxygen level that you're talking about.

Right. But it used to be we'd say, oh, goodness. Well, oxygen feeds cancer in this guy clinic pathway. So we worried is hyperbaric going to make it worse.

It doesn't it's because of the way the metabolism of the cell is working so it's shrinking the tumors. We know that, too. We know all the mechanisms yet.

No, but we do that. People sleep better, they feel better. It helps the wound care and it is part of and there's a big scientific deep dove that we could go into on this.

But hyperbaric is a mainstay when we're working at the mitochondrial level, when we're working at the cell level, that hyperbaric oxygen is needed, it helps oxygenate the healthy cells, but it's also toxic, so to speak, are damaging to the cancer cells themselves.

Yeah, amazing. So I just want to review what we talked about today. So much good stuff.

Slowing Down and Making Informed Decisions

But you know, the main thing is that we really need to personalize people's experiences, look at the individual, give them the tools that they need to build a healthy environment, but empower them to trust their intuition.

Because I hear this all the time, I'm sure you do, too, where people say to me, I'm not sure if I should have this surgery or that surgery. I'm not sure if I should get chemo or not get chemo.

I'm not sure if I should take an aromatase inhibitor or not. And the biggest problem inside of conventional medicine is that people are really rushed.

That's right. To make these decisions. And they're making these decisions with not enough information, with not enough deep understanding of what the long term consequences are.

And, you know, before they know it, they're signed up for something that is going to forever change them for the rest of their lives. And I think it's a really important message for people to know that they have time.

That's right. This is what I talk about in the beginning of my book, Lifetime. That's right. And that's my book that's coming. It's a little game plan and it's about give yourself this much time.

And these are the things in the steps to do. So you're ready to ask the right questions. What you need to do. So that's a book and I'm glad that it's in yours as well.

Right? Is that slow down, take a minute and make the right decisions. Yeah, and that's important. And then my I told you about when we first met my television show Health Hot Seat and it's putting I'm in the middle and then there's a traditional medicine doc and then there's an alternative medicine doctor on either side and it's about having it in a debate format.

We've never heard both sides together before. We hear one side or the other. Now we've done it in politics. We hear both sides all the time. All the time. We've never done it in medicine.

And that's a passion of mine to get that show out there. So people can hear both sides at once and a moderated

way that we can not have just people screaming at each other.

But yeah. Of course. I get the information out of it. Well, I look forward to being on your show. That you will definitely be on the show. Dr. Worden where can people find you?

Dr. Worden so. D R W O R D E N.com is my website. They can find me there. I'm on Facebook and Twitter and all those things. Just type in Dr. Donese Worden in, they'll find.

Where to Find Dr. Worden and Closing Remarks

Awesome, awesome. Thank you for being here today. Thank you for enlightening this audience that is so thirsty for information, but trusted information and information that is really going to make a difference.

And I know that the medicine that you practice, that personalized medicine is really making a difference. So I'm so grateful for the work that you do.

I'm so grateful that we got to meet and that you were here with us today. Likewise. Thank you. It's Dr. Jenn and that's a wrap. Bye for now.