Redefining Cancer Care: Metabolic Flexibility & Radical Remission l Dr. Nasha Winters l Ep #429 Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Cancer Origin Story

Welcome back, folks. I'm Natalie Nidam, your host. And I've got a returning guest today whose story truly never stops blowing my mind. At just 19 years old, she was told she had stage four cancer and likely wouldn't make it to the end of the year.

Now, instead of accepting that she went down a completely different path, one that has now shaped how we think about cancer, metabolism and healing. Today, Dr.

Natia Winters and I unpack what really drives cancer from metabolic terrain to mindset and why this isn't about fighting your body, but understanding it.

We also get into fasting, ketogenic strategies, and one-size-fits-all approaches can actually backfire. If you've ever wondered whether there's a more personalized, integrated approach to approach health or even a diagnosis, this conversation, which is part one of two, will open your eyes to new possibilities.

Now, this episode is brought to you by STEM Regen, Manukora Honey, and Nature's Marvels Bioregulators, each one with special offers just for you. You're just going to want to check out the show notes below for details.

And in the meantime, enjoy the episode. Dr. Natia Winters, welcome back to the Show. It is such a pleasure to have you here today. I adore you Nat. Thank you for having me back.

Folks, we have recorded together before, so I would encourage you. We will put the links to previous episodes in the show notes. But Dr. Natia is, well, she's just awesome and operates in a space that I think this day and age is critically important.

So what I do, I want to start a little bit. I wanna touch a tiny bit on your origin story because for people who don't know, for the five people, who might not know who you are, And who don't know anything about you.

I want to take us back to that day that you heard stage four at the age of 19. So what did you actually hear? And what was the decision that made in that moment?

Wow. a strange experience. It's like, oh yeah, hopping back into a body. I know I could see it in your face. Actually. Yeah, I kind of feel like my life was BC and post post C.

So before cancer, after cancer. And that day was interesting because it had been many months of me trying to get help coming in every week, every two weeks into the ER, like something's wrong, something wrong.

Something's it's more of the same. So historically diagnosed with IBS, thyroid dysfunction, juvenile rheumatoid arthritis, PCOS, endometriosis. They were just cycling through all the things.

All the symptoms fit all of things you've currently been given a label for. And I can understand, kindness to them in 1991, what the reality of my situation was, was absolutely a unicorn to what would have been walking into their office at that time.

So I want to, I wanted to give some, you know, some kindness to those politicians. That day when I finally ended up in their My roommate found me unconscious.

I was really in trouble. And it went, it was like bad, bad bad and then the bottom fell out. It fell up so fast that I, I did,

was even unaware of what was happening in my body until I wasn't in the emergency room yet again.

A different doctor on call took one look at me and realized this woman is not dealing with any of those layers. She is on drug seeking. Something's wrong here.

And fast forward, when he came in to give me the news about seven hours later into workups, imaging, blood draws, all the things, he was crying because he had a 19 year old daughter.

to say we don't have the definitive it'll take us a few weeks to get the final biopsy results, but it's clear that you have cancer, we assume by the looks of the imaging that it starts in your pelvic region and your ovary and that your at the end of the line, like you are in stage.

At that time, I had a complete bowel blockage. I have lesions all over my liver. My belly was filled with fluid. It looked like I was pregnant, but sloshing pregnant.

So extreme muscle wasting, so little tiny arms, little, tiny legs, big, huge belly. Um, my ureter was being pushed off. Kidney was compressed with the tumor on my right ovary.

And I had just a blanketing, they explained, of these peritoneal implants or this carcinomatosis, which is like a shrapnel of tumor all throughout my pelvis.

I have fluid in my lungs. A few weeks before my 20th birthday in 1991, they didn't expect me to see the end of the year of 1991. That's what they told me.

And they said that a single dose of chemotherapy would outright kill me because I just had failed liver blockage, the whole bit. That moment was shocking, to put it mildly.

I've told this story a little bit. Maybe you and I have even talked about it. There was a moment, a very, very brief moment of relief. And this will sound like part of it was knowing what you know.

It's kind of like I'm not crazy, right? Exactly. So it's like, no, I am not. But then there was also this relief because truth be told, i had come from a really difficult upbringing and never really saw a future for myself.

that kept trying. And for me, I'd actually tried to take my life on a few occasions in earlier years. There was this moment that was like, well, this is a much sexier way to go.

Like there was a moment of- Holy geez. Right? It was, like this a little better than doing it myself. That was just like that moment. But then this other thing clicked in, which it was also part of my, so I love the concept of parts, internal play system.

One part of me was like, yay, I get to go. And the other part was, Yay, someone understands me, finally sees me. The third part, was don't tell me what to do, which was the part that came forward, the double dog dare part.

Even though I was told there was nothing to, do I had no illusion that I'm going to fix it, heal it. win it, fight it. I just wanted to understand it and now that has been 34 plus years now later, that is still all I care about is I want to- Yeah.

… understand why. Why? For myself and for the tens of thousands of patients I've worked with directly and the hundreds of thousand I worked indirectly, I wanna understand, why?

And that's what brings us here today. I love it. I honestly love the concept of many truths can be true at the same time. You can have multiple realities, honor them, accept them and lean into the one that's going to serve you.

That gives me chills. Yeah. Right. That's the decision you made. So what would you say is the first medical certainty that you question? And what did it cost you?

What was the cost socially and professionally to question it? Because that would have been down the road, right? Yeah, for sure. Weirdly, in those first few months, I was really, really on my own.

There was no doctor. Sorry. When you left the doctorate, what do you do? I mean, because you're 19 years old. You're a baby. And this guy's just explained to you, weeping with compassion and empathy.

I'm so incredibly sorry. This is, this is your path. Yeah. Um, I don't know how I even knew to do that in, as a sophomore in college, but I did. That was, that was like on a Friday, like a few days later, had my second opinion, which was no different than the first opinion.

What they did that day in the hospitals made me comfortable. They drained the fluid. I had to come back every few days to have it drained. they offered me pain medication, which I tried at the beginning, but it made even sicker and throwing up with the blockage is one of the most painful things you can ever imagine.

So instead, what made more comfortable is just having the drain and just accidentally being forced into a fast, Which is also probably what in retrospect saved my life.

We can talk about that here in a moment, but that second opinion on Monday was more the same. But they added another layer, which was, and you don't have insurance, so you're kind of fucked.

I'm like, perfect. Awesome. It was like a weird thing. You're screwed, even if you had reasons. And also you are screwed. All right. That was the day that sent me looking down the rabbit hole of other options, In this day and age, I almost hate to say this name out loud, but at the time, back then, this person's work and book saved my life, which was a book called Quantum Healing.

Bye. little shade character these days, Deepak Chopra, which bums me out because he was such an integral part of what shifted my understanding of myself and what is possible was that book.

And so I believe you can also love the message and not the messenger. Um, and so just planting that seed for a moment is we're having a lot of controversial discussions about, about people right now.

Well, I think we don't have to throw away the good with badness. You know what I mean? There's parts, humans by definition are complex. And God knows if we've learned anything over the last number of years and certainly in the There's a lot of words out there on all the fancy people.

They have them just like everybody else. So anyway, so at the time, that was very helpful. Let's then fast forward. We're a few months into this picture.

My first big like something's wrong with the universe is that early 1992. It's in the first few month of 1992, I'm still here. I'm no longer needed to get drained every couple of days, it extended out to every a couple weeks.

I don't eat for two and a half months, so I am not taking anything solid for 2.5 months. And in fact, the first bit I could only manage maybe the 1st month or 6 weeks, only sip, sip of water.

Then I was able to expand it into more herbal teas and things like that. So for the 2 and half month, I fasted. And that was by accident. But by doing that, I also resolved that bowel blockage.

I helped extremely lower massive inflammation that I had been living with for the first 20 years of my life. Now I'm 20-years-old. My rheumatoid arthritis symptoms were gone.

Endometriosis symptoms are gone, my IBS symptoms. Accidentally, in the sickest phase of life, which is super weird, to think about those realities happening at once.

So I'm also like, well, now what are we going to do? So, I basically go back to the Dr. Hale got the second opinion. Oh, not funny, but yes. Yes, because I am like…

Hi, still here. Seriously, here's the weirdest thing that happened in the beginning. They did not know what to do with me, and they did want to have anything to with do me.

They didn't know to what do and didn' want do. I was shooed out of that space so fast. So fast, because I couldn't be under… I did no fit their model of reality.

Yeah. There was that piece, then there was the piece that started being thrown at me… Perhaps you were misdiagnosed. That was a fun one. I dealt with that for the next decade.

Literally. This would be a comedy episode. Yeah, I know. But this is it was, you know, like it wasn't very funny then, but I can look back like the decade I literally had to like take my proof with me everywhere I went to have people look at me and talk to me.

And I was also uninsured, so I'm afraid to have my diagnosis written anywhere for fear of never being able to get insured. So I would take my records to just say, here's my history.

Do a thorough workup. This is what I need. I started trying to guide my own care early on. And then I resisted because I didn't fit the model, and I still an un-insure person.

They didn' have any explanation for where I, except for just to write me off or to pretend that it never happened. Now I got really quiet for the next years.

In fact, I get so quiet when I applied to medical school. I didn't tell them my history because I was afraid they wouldn't let me in. There were only a handful of people in my life who knew what was I going through, including the man I'm married to today.

He was weirdly not afraid because he had a brother who was diagnosed when he was 16 years old with end stage pancreatic cancer. sent home to die, and Bob lived another 24 years with an inoperable stage four pancreatic cancer.

And Steve's sister, shortly after, diagnosed with stage 4 ovarian cancer, still here today. So Steve had a story that said, that's not a death sentence.

That's my reality. I can choose a different reality, so I happened to bring a partner into my life who could walk a difference experience and reality with me.

You basically buffer out and roadblock out any belief systems that were contrary to that. So that's what I had to work very hard on was allowing belief system into my space.

It was easier for me not to talk about it. In fact, my story did not really become public until 2012. So I carried that for 21 years quietly in a very intimate way with a lot of very close comrades and a few doctors who guided me along the journey and were like, I have no idea how to explain this, but holy shit, it's fascinating and I'm all in.

I am all along for the ride. And so that's what along way, because I didn't have the interventions of standard of care, I was left to my own devices. So I had to keep exploring.

And that's what brings us to a lot of our discussions today is I started learning about these concepts that didn't fit what I as being taught in my pre-med courses, or even in the first years of medical school, which was maybe germ theory isn't exactly, doesn't have all the answers.

Or maybe the genetic theory or at that time, the two hit theory of cancer is not really covering all the bases, like something's missing in these conversations.

And I started stumbling across the work of Beauchamp, I start running across to work with Dr. Otto Warburg, started running it across work and more modern researchers like Dr Mena Bissell, who was who coined the

concept of extracellular matrix.

I ran across a work an unknown, it would still be 2011 before he became known. I ran across the work of an early adopter of the concept of epigenetics and a molecular biologist by the name of Bruce Lipton.

That guy. And I run across a work by Robert Ater and later Candace Pert, which took my pre-med of chemistry and biology into a switcheroo of psychology and and a pre-med or pre construction of what was a psycho neuroimmunology undergraduate education, which my professors had no idea anything about it, but they were willing because I was bright and compelling.

They were really willing to allow me to self-construct a major of things that I wasn't learning. And they didn't know. I wouldn't tell them what's going on with me.

Only one of my professor's knew. But it was just a really wild time of basically like, I'm gonna dig my own path because no one else is doing it for me.

If you're using a sauna and you are 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. I just want stop for a second and provide some context for someone who might be listening to this.

who is living with a diagnosis right now because I think it's important to say that we're not suggesting that they run out and start fasting for the next three weeks.

You know what I mean? I don't know why I feel very strongly compelled. And because I know I've heard you say this yourself. We're now much further down the road.

Questioning the Diagnosis and Early Fasting

There's a world where conventional care can work with not conventional. I just want to I mean, this is an extraordinary story. And it reminds me of a book that I once read called Radical Remission, which is a series of stories, similar to yours, right?

Which is these cases that, frankly, doctors stuff them in a drawer somewhere, most doctors, but yet there's the curious guys, there are the guys that say, wait a minute, what about those?

So I just want to, for the audience who are listening to this, who living in experience themselves, What I hope they take from it, and then I'd love you to enrich on that, is a sense of hope and a sentence of agency and the power to question, but not to just step away from whatever you're doing right now because there's more to it than just one thing.

So, Aneesha, maybe you could say it a little differently than me or you want to add something to that. That's really well said. Part of my reason for my silence in all those years was because of being completely dismissed.

The second reason is once I started in practice, so started and clinical training practice and then later in my private

practice. I first I didn't want to treat cancer.

Yeah, I don't wanna anywhere near me and yet. plan. By 2012, I had to shut down my private my my 2500 patient, you know, family practice to just focus on oncology because I could not keep up with the demand and I add a year long waitlist and people were literally dying in my waiting room and it was like, so I focused right but that took me years I was like trying to deny what the universe is like you have a job we did that for you so you could do this for other people's like yeah so Back to that place here, this is also why I, I don't know, maybe it's because I'm a Libra or what, but I am so much a team player.

And so for me and my experience at that time with no resources, remember there's no Dr. Google, there is no podcast like this, no understanding of the possibility of an integrative approach.

I had to go it alone and there was no offering from standard of care, which is why I ended up in that boat. But because I was accidentally nothing was intentional or expected getting better.

I got more curious and dug deeper. And over all these years, I've learned mechanisms of action of some of the things I accidentally did that also happen in certain pharmaceutical interventions or off-label interventions, or other even natural interventions.

So I've been able to kind of do a retrospective to understand why things worked accidentally the way they did. And so I want you to know who I am today because also back in 1991, we didn't have choices.

for somebody like me. It was like, this is the only treatment. You're still likely going to die. They told me I would. Three months in, if we could give you a treatment, you're dead in three months.

So it didn't look good for anybody at that time, right? Today we've come a long way. There are a lot of different ways to approach this. A lot new testing and we're going dive into that here in a minute that tells us what is fit from standard of care, but also what is the best fit, from quote unquote, alternative care that could meet you in this moment.

That's the key. There's no one target, there's not one treatment, There is no way and there is also moment by moment what my body needed at that early stage in late 1991, early 1992 was different than what I body need in 1995 and 96. and later a decade, you know, 1990, 2009 and different places where this kind of brought its head up to be like, hi, I needed to hear exactly, but also knew there were new things to do.

Like, I kicked the can down the road long enough to learn something new. So to that point, I believe that we can bring the best of both worlds together and a very end of one precise and personalized approach.

That is here today for all of us. And the rate limiting factor that are not enough people trained in it, and not enough financial resources because to do what I'm talking about doing requires you to leave a medical system, whether it's a national healthcare system like in Canada or the UK or an insurance model in the United States, which is unfortunate.

Because it's these approaches that actually lower the cost of standard of care, lower time, the duration, and lower side effects. And the costs of these other therapies are far, far less.

So it actually is a model that would sustain our medical system financially, but we're not there yet. Yeah. Well, but you know, I mean, for me, when I'd read a paper at some point that said people who fast for 24 hours before going into a chemo treatment have fewer side effects, the chemos more effective.

And I think this may vary from cancer to cancer. I'm not making a blank statement, generally speaking. There was a good amount of clinical evidence that said that, you know, the healthy cells will turn inwards to protect themselves.

The cancer cells are perpetually hungry. I mean, this is a gross oversimplification, but cancer cell are perpetually looking for nutrients. And so therefore, by fasting for 24 hours going in, You encourage the the health cells to

project themselves, cancer are looking food.

The chemo is more effective against the cancer cells. And then sometimes people don't lose their hair. They have fewer side effects. I have yet to get through to convince one single person to do that.

What? And not that I talk to people with cancer much, but, and I think part of the problem is that their clinicians are saying, you need nutrition, right?

You're losing weight. You can't use too much. Right. Okay, it's one day, dinner to dinner. Anyway, the point being that, you know, there's still a lot of opposition in the system.

So, okay, let's get back on track to our scaffolding here because although this is all fascinating anyway. Um, so, at what point did you stop thinking about cancer as a fight and start thinking cancer about as information?

This is information. You know, this is where I do. I think it was the very day I was diagnosed, which I. And I, it's what sets a very different tone and piece for me, because I didn't, I mean, no one, first of all, the, in 1991, we were still, so we claimed the war on cancer in 1971. So we worked 20 years in on this experiment.

And we called it the war on cancer because in 1971, that's what we collectively understood as culture. You know, this is the tail end. Exactly. And so it was something we could all kind of get behind, right?

Well, that didn't pan out. Still hasn't panned out, by the way. The kind of warring, battling concept, or the fuck cancer concept. Which I know a lot of people derive power in that.

Good on them. But I'm inviting people to think about this differently. I am inviting to say, maybe these cells are me. There was some shift that happened.

Maybe waging war on myself isn't the best message I want to give to the whole organism here. Maybe, right. And maybe we can do like you taught, we talked about the parallel realities earlier.

How can I both, and we talk about this even before the recording, how can i support the healthy while still targeting what has forgotten who it was? And that's what I feel like I get to do in this world.

I wanted to say something that you said that was so compelling. It's gonna take me a second just to grab back onto it. I think it might be gone. That's OK.

It'll come full circle here. But that's the piece, the grappling with all the weird, what were your first moments of knowing that, again, that people shouldn't believe me because I was so out of their paradigm.

it was just too much. You also mentioned radical remission. Dr. Kelly Turner, who's also become a friend, she wrote the foreword to my book, The Metabolic Approach to Cancer.

I've co-taught workshops with her, and many of the stories in her follow-up book were patients I cared for. So I love that of showing there is absolutely another way.

But what you talked about is she showed that there are these miracles all around us all the time, that's there's these spontaneous healings around all time.

She got curious because nobody else was, looked at and found these thousand people that had recorded radical healings and looked into the common denominators.

That was the most fascinating part to me, because it wasn't a supplement. It wasn' the food. There were nine of them, right? Nine. And in her follow-up book, she brought in a tenth, which is exercise.

Oh, cool. Okay. But you're right. So there were, she says, yeah, diet, supplements, exercise, these tangibles, they

matter, but it's not about a specific nutrient or a specifically herb or specific diet.

It's about it. Change in diet or change in the routine. That's what was most compelling. The other seven factors are all an inside job. Yeah. Right. And that's what was so compelling.

So when you ask about my moment, my movement was something in me knew that day when that man was crying, basically in my arms, not the other way around.

That's hilarious. I know. It's okay. was this moment of like, I am not going to battle this because I don't know what I'm battling. So I need to understand it.

And that's how my journey really began and where it continues to go. Because the way we approach it today, we battle it without discernment. Therefore we take out the good with the bad.

Yeah, collateral damage. We can be discerning today in a way we couldn't be 34 years ago, even 10 years. So I think that is really exciting. And some of the other messages you talked about the food piece.

Dr. Moreci in 1909 was treating his cancer patients simply by fasting them. Fasting them alone was minimizing, diminishing, shrinking the tumors with no other input That's amazing.

And what we know makes sense, right? This whole concept of autophagy and apoptosis. Yeah, and it's even more than that. When we look at the hallmarks of cancer, all the different doorways into what makes cancer cancer.

Fasting impacts every one of those door ways. Right? And it's really interesting to me because we actually were actively encouraging through the nursing and physicians through 1960s as fasting is a general support for many conditions.

And somewhere someone got an idea in their head that, oh, that's a bad idea. Don't make me suffer anymore. Right. No matter what you do, don't lose weight.

Well, maybe that made sense to say that in 1960. But today, when 70% of us are obese, you can use a few pounds, right? And especially, and more importantly, use lose a couple pounds that are wrapped around your organs that you're not seeing.

Even if you look at the right package on the outside, you may still be a little fatty on inside. And that's what's even more toxic and dangerous. And then you spoke to having a difficulty getting your friends or colleagues to do a 24-water fast.

Dr. Walter Longo, I first heard him 16, 17, maybe longer years ago, before Prolon, his books, and before his research became famous. He was putting all of his patients on a five-day fast around chemo.

So two days before, day after, two day's after. And I started employing that with all my patients the second I starting hearing that from him. Because I'd already been doing it for myself, but it's like I got permission from a researcher that it was a little more compelling and I could show the data and not get so much fight back, even though I would whisper to my patient, you might do this.

To your point, many were resistant. But once I had the date to go look, There's something to this and start sharing a little bit more about my own fasting process.

People got into it. I don't have a problem compelling people to do this anymore, especially just last year, Dr. Walter Lungo's book, Fasting Cancer came out, which is the whole like compendium.

Yeah, it's huge. It's like all the research. To me, at this point, and now you even said, I'm not sure if it's appropriate for all cancers. It's inappropriate for anybody doing chemotherapy, anybody, doing immune therapy, anyone doing targeted therapy.

No matter the cancer type, no matter if its a solid or a blood cancer, remember it is a pre-cancer process. What he is able to show and what I've seen clinically in thousands of patients is if they're getting chemo like every three to four weeks, I'm definitely doing the five-day process, the two days before a day of, two day after.

If they are having to be on a chemoe that's daily, or excuse me, weekly, then I might do like 16 hours before the day-of and 16-hours after, it's like more consolidated.

Right? If you're doing a daily oral agent, for instance, than I have them basically do a long, like a very narrow window eating. diet, so basically they're on a 16 age or a 24 eating window, and we take the medication at the most fasted part of the equation.

So there's ways to do this in any of those. To me, that should be standard of care, we should nutritionists on how to safely facilitate patients through this process.

Terrain Theory and Psychoneuroimmunology

Because to your point, the studies are unbelievable of how much better these patients feel and get through treatment more in a timely fashion than those who eat ad libum.

And the other thing is, yes, you'll lose weight, But these patients who fast re normalize their weight faster than those who don't. That should be compelling to to our medical providers out there.

So those are some of the big flaming hoops we're up against. You hit them is like ideology, food as medicine or lack of food is medicine and the way that we can be much, much more precise today.

And there's no excuse that everybody doesn't get access to a very precise pathway. Wow. Yeah. Oh, that's wild. Okay. Let's talk about the concept of terrain.

When did that come up? Because, you know, it's all about tumor, all the tumor. We become fixated on that thing. And at some point you kind of wait, well, wait a minute.

Where is it? What's the environment it is in? And so when did it really come to you and how in some ways? Somewhere towards the end of 1992 or early part of 1993. I was deeper now.

It was like in my junior year of college, all my pre meds, you know, I wasn't my physiologies, my anatomy, zoologies, but like all biochemistries, And of course, in the background, I was studying cancer, right, and I wanted to understand it.

I worked as I had a Pell Grant, so to have work study in a library. So that's how I helped pay for my education. It was a time when they didn't have cameras in that library, that was basically homeless, sleeping in couch in library showering in gym and staying up all night reading.

Not great for my circadian rhythm. I'm the only person in my family to go to college, so you got to do what you've got do. And I was working several jobs and I worked grave shifts as a detox counter.

Like I understand now, I probably would have stabilized this much faster had I not been working graveyard shifts the first two or three days of diagnosis.

That we, of course, learned later. But that was a big, big player. I learned a lot in those. You did what you had to do, sister. That's exactly it. And so we talked about that before this recording, too.

So you do what have to and then you clean up after, right? Yeah. I started learning when I mentioned Beauchamp, I was reading about, of course, being taught germ theory and all these different things in my pre-med.

But I sort of stumbled across the work of Beauschamp and others of that same era. that we're talking about the

concept of terrain. That's what they talked about.

They talked that you can take a cancer cell and put it in a certain medium, and nothing would happen. Or you could take it cancer something in another medium and it will grow like a mofo.

So that stood out to me. Well, what's in the medium? Where is that? That also what I started running across the work of Dr. Nina Bissell, who was a Cancer Researcher in 1980. Still, by the way, she's now 40 some years under her own cancer research.

Here's someone who's diminished in her brilliance, which there was a great Ted talk that she did many years ago, probably 15 years now. Look her up. She's thistle like the vacuum cleaner.

It talks about research and it talks this extracellular matrix which she's literally saying while she is in the research lab, noticing why cancer cells are growing in some Petri dishes and not in others.

And I'm thinking, whoa, here's a leap of something we were talking about in the 1800s, 17 and 1800, now being talked about the 1980s and 90s. Why is no one looking at this?

And that really stuck with me. And then I started learning more about, because I understood, I did start to have an understanding in my first abnormal psych class with Dr.

Tom Skirke. that the trauma of my childhood and the experiences I had definitely had a change. And that's what really started going down the rabbit hole of psychoneuromunology.

Having someone explain to me, I have a brother who's a diagnosed sociopath and a restraining order against him all these years. I can't believe I'm telling you this story, but I am telling the story and that it was not a safe place to grow up.

And it's in some ways not as safe to be on the planet not knowing where he is or what he's up to. So my body had to hyper vigilant at a young age for survival.

That is all cancer is, is a hyper vigilance doing the best it can to survive and find resources to live. Right? And so when I learned that there's other ways to create nourishment, other way is to creates safety, Other ways is too understand, quote unquote, the enemy inside me and outside me.

It shifted the way my body could actually respond to whatever therapy it was being given. So I'm telling you my side of it, but that's where patients who might be more drawn to doing chemotherapy alone, your mindset still going to matter.

or experience your safety in this world, in his body, it's still going to matter how well you receive that medicine. Or the person on the other side who's like, I'm not doing those poisons.

I am just going do alternative. Same idea. The medicine matters less than the environment it's landing in. And that's what terrain therapy theory is all about.

It's about what was the environmental, what were the circumstances that allowed for health or allowed Let's explore the individuality of it all because all of us have a various sort of set of code, a blueprint or epigenetics that we come in with.

We have certain ways that you respond to the environment in on and around us. And we have to understand that for each person and be able to then support them to make the right changes or the Change the way their their field is responding or reacting to whatever they're putting in on and around them I mean, that's so important that you brought in the psychoneuroimmunology, right the the state of mind your beliefs the You know that whole piece of it because yeah how you nourish your body How you the people around you and this is part of dr.

Turner's work like the People around. You is your job a toxic job. Do you have community? you know, are you giving your a body the right fuel all the things and but that that early and it goes back to ACE right or early childhood adverse events and I actually recently interviewed the Amy Apigion who just wrote the biology of trauma and And the way that she explains, and I'm sure you resonate with her work as well, explaining your childhood, like your body is trying to keep you alive and safe at all times.

So there's two things that I find so fascinating. As a child, your brain or your subconscious learns we need to be within these guardrails to And that's your capacity for dealing with stress and what you interpret as trauma, which the next guy, this is the other big idea that I got out of her book, was the thing that you interpreted as a life-threatening event, dude over here didn't have the same experience as you, it just rolls off his back.

Right. And it's not that he's better than you. He just lived a different experience and interpreted the information differently. So I love that you brought up that piece because yes, it is all the material physical things.

But, and I think that in the radical remission book, probably that's the piece that made the difference for every one of those people is figuring out somehow tapping into how to address that.

Even if they stumbled upon it, you did. Yeah. Like you fell into it. So, okay. Another question for you. And I'm, I am laughing because you know, why I have this scaffold for the episode.

We haven't moved off the first. I just want you to know that we're going to have a second, a part two, just so you Like I'm hoping what people take away from this is inspiration, right?

It's belief, it's a breath of fresh air, its knowledge and understanding. It sounds, you know, sometimes like so far on this conversation, everybody's saying, they're going, Oh my God, this is amazing.

You know? She just did this and then she did. And this worked and that worked. It was amazing and it was no bumps in the road. We both know. Yeah, no, maybe not so much.

So there's anything that you did, are there things that actually didn't work and how do you keep your patients from repeating those same mistakes other than just saying Oh, don't do that.

Well, I did because the only information back in 1991 from a few books in my library and that I stumbled across were things like the Gerson therapy. But I found it was the original works of the 1940s and 50s works, things like Hoxie formula, Essiaque tea.

You'll still see these make the rounds on the internet. So I kind of tried all the things, right? For me, they all backfired horribly. And I didn't know until many years later, for instance, many of herbs say in the Hoxy and the Essiac are very proestrogenic.

Oops. I had a very estrogen dominant process happening in my body and I just added insult to injury. Okay. So for me, that was my backup. The other thing I was reading about was laetrile and apricot seeds and the whole bitch.

And so I gave myself arsenic poisoning. Like I learned the way. Things that I've learned about those, for instance, is that Those therapies, some of those older therapies were designed at a time and a place that we were on a very different planet with very differently brains.

They're like the Thudwig diet, the original Gerson diet. These were all pre-World War II or just shortly after. This is before we had plastics. This is before we had hormones, like fed into our animal systems.

And this is where we have massive swaths of antibiotics given to all of our animals as well. This was when, before, we've had glyphosate and organopesticides, all the things that we started dumping on our soil post-World War II.

So this was a time where our bodies were very different and a little bit of nourishment went a long way. It was also a kind of 50% reduction of minerals in our soils, et cetera.

Context is everything. So when we read those things and we think that's how it's done, you may fall really short of that, or you are now in a different body and a differently environment than those were originally designed for.

So perhaps poxy was really great when weren't swimming in estrogen, endocrine disrupting swimming pools of life. Same thing with like Laetrile. I've seen it work really well in IV forms and certain blood cancers, but I personally in all my years never seen do much.

And I have a lot of friends and colleagues who have tried it or seen, it but it is not panned out in the patient population I served, nor my colleagues patient populations they've served.

So it's more popular than not. There's also a very powerful concept known as placebo. Right. Yeah. So you and I don't know why we downplay it because many studies show that placebo is far more powerful than the treatment at hand.

If you're taking something that you believe is helping you, it's probably helping to some degree, but there are also the opposite. There are things that can take that.

You believe are helping. That can actually cause harm. For instance, a really good example, green team and green tea. All the research is coming out green in the You know, the late 1990s, early 2000s.

Everyone and their dog was like, you need the ganmacha for him. You need 100, 10 cups a day of this. I went to town on green tea. Like I loved, I was drinking.

So when I spending like 60 bucks an ounce, like to get the best of the, best, highest catechins and all the things. TMI, but my boobs went from a heavy A cup into like a C cup overnight.

And I had no idea why I would, I have no until somewhere in the mid to late 2006 to eight zone. I learned that I haven't very three, not just one, three homozygous calm tea snips, catecholamine snps, which means things like quercetin, whichever one thinks is the cat's meow and green tea.

which is everyone's go-to in the cancer space, would actually back up stress hormone and estrogen metabolism in my body. So for slow, calm T patients, this is where I learned along the way, guys.

I was the first laboratory and then I'd apply it to patients. That's when I started learning slow calm, T patient should not be taking these medicines.

right, that we call these the panacea catch all end all be all of cancer care backfired tremendously, right? So these are the types of things I had to figure out for myself.

And then it started to point out the very biochemical individuality of those people that I served. So things that i thought would be a really good idea, so things like rice machines, Fascinating, we're getting into the world of energy medicine.

They absolutely have a time and a place, but if you are not absolutely clear, well-educated and well understanding of the frequencies of health and disease and specifically the polarities of patient you're working with, you can actually make those therapies make the cancer grow.

And I've seen that, unfortunately, more often than the opposite to be true. So I have an original rife machine. Right? I was trying that on things. Not a good idea.

I didn't know. So I'm just playing with it. It's like today all the things on red light. If you're taking red-light therapy over a part of your body and that you are not also doing photosensitizers and oxygen with, you actually could be supporting the cancer or even proliferating it versus treating it.

But if it's done with a sensitizing agent and an oxygen therapy to potentize it, then that same red light therapy can

act like a cancer treatment. What's the sensitising agent?

Things like, so for instance, methylene blue. Like methylen… I was just hoping you were… Yeah. Yeah, but again, you've got to have the right G6 PD to use a methyline blue, and you can't have any serotonin issues in your chemistry or you could hurt yourself.

The dog can get on methylene blue now. So this is where you could take it. You wait anywhere from seven to nine hours and then you take a shot of ozone or an insufflation or inhaled or HBOT to potentize it, to sort of activate the methylen blue that gets taken up.

into cells that are deranged in their metabolism. So that might be an infection, that may be a cancerous process. And then you apply the red light. Now, methylene blue and redlight have a particular affinity for each other, but there's other…

They love each But there's others like curcumin and yellow light. There's other things that they have a partnership of sensitizing agents and light as well.

This is why we eat quality real food. I'm not against folks like being fully carnivore or whatnot, but I do understand the power of the photosensitizing agent of plants.

and that I'm all eat my plant dense food and go out in the sun every day and have that interact and get my oxygen up by, you know, doing some exercise and getting all those things like I can do these things on myself.

Right. Well, to enhance. But those are the things that we've learned a little bit that can almost sometimes get us in trouble or we can minimize the benefit of things.

It can actually be very, very helpful. I love that you brought in the genetics because that's not even particularly sophisticated genetics, right? You can get that from any test, and it's just that there's so little understanding about it that it is being ignored.

Fasting, Ketosis, and Personalized Cancer Care

And we hope that the physician of the future starts to look at these things and say, oh, look, we can tell from here that, you're going to process anesthesia a lot faster than the next guy.

So you are going need more, whereas you over here, We're going to give you baby amounts because otherwise we're gonna keep you under for way too long.

I mean, this is known information. It just hasn't quite mainstreamed yet. So you talk about diet, which it's a pet thing of mine. And interestingly enough, there was a woman in my life years ago who had a very aggressive breast cancer and she went fully natural, hardcore keto, and looked phenomenal.

and she died in the end. And she believed in every cell of her body that this was the thing that was going to save her life. She went to Mexico and had some crazy alternative treatment.

I want to talk about keto a little bit because there is a narrative that the keto diet will save you, right? If you have cancer. Can we talk is a diet that is high fat, somewhere from 70 to 95% of the diet being fat depending on two to one, one to whatever ratio.

and a moderate to low protein and very diminished carbohydrate. Really low. You can barely eat lettuce. Yeah, under 20% of it being that. So yeah, above the ground, leafy greens, things like that, fine.

But anything above, it starts to get, you know, carb count. That is a very therapeutic diet that was utilized in the 1920s for children with epilepsy.

work far better than any pharmaceutical out there that would later come to the market in the 40s. Depakote then pushed the diet off the table, despite the fact that it's still more effective than the pill.

So we know it can absolutely do amazing things for brain, brain chemistry at that high fat, low carb area. it got really picked up in the world of brain tumors.

Very, very helpful in primary brain tumor, specifically glioblastoma is where the research has been done and it's very potentized with other metabolic therapies like hyperbaric oxygen, for instance, some off-label drugs or other things that block things like glutamine as well.

So that's a whole other piece. There is an absolute volume of favorable data and I have thousands of patients who have successfully used a high-fat, low-carb ketogenic diet in the treatment of cancer.

But we also knew it was not the standalone. And we knew that it needed to be layered and timing mattered and that people needed it to test. Because I will tell you, your friend, I put money down that she was never testing her ketones.

Well, she was pretty hardcore. She was. Okay, good. I will say that she is pretty hard core. But I have a question for you. So a couple of things. So on that, if you're going to be using a therapeutic ketogenic diet for anything, whether it's psychiatry, you have to test.

You have a blood glucose monitor. My favorite is Keto-Mojo because they undercut the cost of strips dramatically and they just do good things in the world.

They have the foundation, they do a fund, a lot of research, et cetera. I don't get anything for saying that. There are just people that I love their hearts and I loved what they bring to the word.

But you to have test, to know what you are dealing with. But to your point, what happened is, even when my book came out in 2017, I didn't want the word ketogenic diet or the phrase on my books, but the SEO, the publishing company put it up there because I'm like, I'm going to be pegged as the ketogenic lady, which I did.

I got pegged of that. What I am is the metabolic flexibility lady. And what I AM is right diet for the right person at the time, right dose-duration combination, and right stacks, etc.

And the epigenetics matter, and the tumor type matters, the stage matters and timing matters. So all of these pieces are really integral. What people unfortunately screw up is that ketone bodies are very different than a ketogenic diet.

Ketone body are made from a KETOGENIC diet, but that's one road to Rome. Right? So for me, there are many cancer types. Well, I will not use a high fat, low carb diet, but I still want them in ketosis.

So that's where we look at ketone bodies themselves are just signaling agents. You can get into ketosis by intermittent fasting, so time-restricted eating.

You could get in to ketoses with deeper, longer-term fasting. you can into get ketose with exogenous ketones, you could into keto on a carnivore diet, keto in a vegetarian diet you get to keto with just a strongly carb restricted and not changing of the fat intake.

I believe that that's one place that gets really confused and bastardized out there is the underestimation of the power of ketone bodies as signaling agents.

In a few studies that have come up, Dr. Eric Berg, who's also become a friend of mine, he's looked at some of these studies about a couple of pathways that do show that there are a view cancers that can…

And again, these are all in… They're not in clinical trials. These are in environments of laboratory, not like cell-line

studies. that there are certain tumor cell lines that can utilize ketone bodies as a fuel source.

But as someone who's been in practice for as long as I haven't seen this, I would still say, well, first of all, 100% of cancers diagnosed need to be carb restricted, period.

I don't think anybody would argue that anymore. And that might be that you just need to get it down below 75 grams in some, under 50 grams and others, and now there's under 20 grams, right?

That's a very, the amount of fat is going to be very individual to the situation. Like for therapeutic ketosis or brain tumor, that makes sense to go super high fat, low carb.

But certain breast tumors, now here's what's cool, we can actually even test today. We can test for things like KRAS, like K-RAS mutations, You are underserving your patient if you don't have them in ketosis.

Interesting. Ketone bodies directly target KRAS. Far better than any pharmaceutical we have on the market for this. No way. Yeah. That's so interesting.

So things like that. And so another thing that targets KRas is high dose IVC. If I have a KRAs mutated patient, I'm like, you're into an high-dose IVZ and you do a therapeutic ketoses.

There it is. It doesn't even matter how we get them into ketose. At that point, we can kind of like, if maybe they're a prostate cancer or we have other findings, maybe, they have, I don't know, like a MEK target as well, and maybe I won't use a high fat in that.

Maybe I'm just using time-restricted eating and fasting to get them in a good place. knowledge is power, we can know their epigenetics, what they were born with, the tumor genetics, and what their expressing in that moment.

We can look at their overall metabolic health and how that's playing into the equation. Do they have to go in? Then we come up with a very individualized toolbox of how they nourish themselves and the timing of it.

And so I think that's where we've gone rogue is that everyone's like, just eat this way. Guess what? Vegan patients die all the time too. I mean, we're all going to get there eventually, but there are certain cancer types that will thrive much better in high fat, low carb ketosis.

Others that we'll do better and time restricted fasted ketoses. Some that just need to potentiate therapies with exogenous like around radiation. or barbaric oxygen, like we can kind of, boop, kind bump on it.

This is what's exciting to me. And then we get further into other restrictions like methionine restriction discussions or arginine restrictions or cysteine or glutamine restriction.

Those tend to need off-label drugs to really change the chemistry. You don't ever keep patients in long-term of any of those or the patient will die. Yeah.

You need that stuff. Exactly. We don't have an immune system if you have no glutamine, right? Yeah, yeah, interesting. So we are doing all this study to push like, oh, you need a glutamene blocking drug.

Patients die from those very easily, because these drugs will block the very life force amino acid required for your healthy cells and required your immune systems to function.

And we should know, hopefully we know by now that cancer will win if the immune system is not on track. So these are the conversations I wish. In our world out there, we have a lot of influencers in the cancer space who are like, you have to do it vegan.

You have do do carnivore. Or you do have it therapeutic, high fat, low carb ketosis. I'm like you got to it the way you gotta do. Well, that's it. Like you've gotta know thyself.

This is the path, right? The path is to turn inwards and to lean into your situation. And so it's the metabolic terrain, but it is the individual metabolic train.

It's that personalized piece. That's so fascinating to me. But you said something about metabolic flexibility, which I think, and this is really the question, this framework of metabolic flexible, I believe, you're going to tell us, It's the ultimate map to longevity and health span and really kind of nipping a lot of chronic diseases in the butt.

Do you want to speak to that? Because I mean, metabolic flexibility sets you up. Should you actually get a cancer, it's a whole lot easier for people to toggle back and forth in and out of keto, right?

But so many of us And I include myself in that because my tendencies genetically are to be insulin resistant. And my current course of action is making me even more so, which is temporary.

But nevertheless, let's talk a little bit about this metabolic flexibility as a path, not just when we're, when the shit hits the fan and we end up with a cancer, but as.

To this longevity and health span and, and start to, to nuance away from everybody needs to. Keto and everybody. Let's stop the fighting and let us get down to what really matters.

I love this, I loved this. And so, my life is a really good example, like my story at 19. The thing I did at that time, because it's the only information out there, was I went vegan.

And because I had been a latchkey kid living on fast food and working at Hot Dog and a Stick from age 12 to 18, where that's where I got my square meals several times a week, my body was only accustomed to ultra-processed food, really poor quality food really cheap food.

and really on the go food lots of, like, hamburger helper and, you know, that's what my body had nourished itself on. That's been built on, yeah. For all of junior high, every single day I had a dill pickle, which was not one of the raw ones, with a chocolate milkshake every day through junior There was no nourishment.

And so I went from one frying pan into another when I cooked vegan diet. Because a vegan in Colorado at that time, in the early 90s, meant Velveeta cheese, because it's not really dairy, or like a cheese like whiz type of thing, not a actually whey.

Oh, God. Yeah. It was gross. I still wanted my cheesy flavor. A lot of bread. A lot of vegan breads and a lot just vegetables, but I was so protein malnourished.

I can think about that now. And then I went harder as I still was not getting well. Raw food vegan for several years. Oh my gosh. Then basically in medical school, my first year Chinese medicine doctor took one look at my pulse and my tongue and was like, girl, and he basically forced me to eat an egg.

And it was like having the lights come on. So then I was vegetarian for like the next 10, which was a huge step up. Like suddenly my body could eat an egg and feel pretty fabulous.

And then, I couldn't do dairy. I very lactose intolerant, so I would try it and it would just backfire. 2009, even though I used fasting, fasting was the only reason I surviving.

It's fasting with something I employed regularly throughout. In 2009, my husband and I did a going away party to gluten because I learned that I knew all the problems with it.

So we went to Europe to visit his sister and pretty much ate our way through Italy, France and Ireland. He gained 25 pounds. I gained 20 pounds and we could barely walk.

We were so inflamed. You were in so much pain. It was so freaking worth it Also, you had to buy new clothes or just wear the stretchy ones. We were like sausages getting back on the plane to come home and it was our

goodbye party.

unbelievable. Like I felt like I was on fire. And my husband had been dealing with bipolar disorder, and his whole family, suddenly his brain was On again, like working like, for him, body composition was least of his issues, because he'd been a triathlete the whole bit, but his Brain came back online.

It was so illuminating for us. So we changed our knowledge. But then I went through menopause a couple years ago, Even though it's hard for me to go out of ketosis, I can wake up after not eating for 12-13 hours and have ketones in my urine and low ketone on a blood monitor because I'm just that metabolically flexible that my body just remembers and goes there.

need a little different, like I know that I could get by with a bit more fruit now, or more, I crave beans, things I haven't craved in 20-some years. I crave, maybe it's because I live in Mexico, you know, rice on occasion with some sushi.

It's funny, and the crazy thing is wearing a constant, continuous glucose monitor and whatnot, my blood sugar barely blips. Because of that flexibility I created, we need this now at this phase of your life.

you need more of this. And my feedback is HRV and CGMs and ketone monitors on occasion. I don't use it very much anymore. and I can tell like what works and doesn't work in my body really easily.

But that's a years and years of knowing and honing this, but I went through, I've tried every diet you can imagine learning and applying it to myself and watching the trends come and go.

And what matters, like now you mentioned it, your tendencies to diabetes, my husband, he would love to be a carnivore. He is like hunter gatherer in his brain.

His snips show that he absolutely cannot get too much protein. It drives mTOR in the biggest way for him, creates major insulin resistance, pushes him totally out of ketosis, push his glucose levels sky high, overdoes it.

Right? And he's got a narrow window that also if he like eats a half a cup of raspberries, same thing. He has a very narrow. Now, baby of 10, half the siblings are diabetic and obese.

Half the. Siblings have had cancer. The parents both died of cancer and diabetes. You know, another brother died complications from diabetes, all the others like like he knows his wind is narrowed in.

Yeah. For me, I could sit and eat a pint of raspberry. They don't do anything to my blood sugar. I would love to be a vegetarian. I crave more that lifestyle, but I have to top off with red meat.

My ferritin level will not get out into the teens without it. And so there are just things I can have higher protein needs. than my husband. And I spent the first 30 years, 35 years of my life severely protein deficient.

You're paying back. Your body's like, this is still payback time. We're not done with you yet. When I hit menopause, it was like now really pay back time because it, I got into a smooth, smooth place.

No other real symptoms of menopus outside of just knowing I have different needs to nourish my body and to stay resilient. that I did a few years ago.

So I think that's the pieces we have to just be. I was definitely that dogmatic vegan, and then I with the dogmatic vegetarian. And then when I got to ketosis, because it worked so well for me, I went through a phase of dogmatics, but then i got into the phase, fuck that, it's like what matters in this moment for this person.

That's when i became the flexibility person, Yeah, that's the message that I want to make sure continues that, you know, the next book or the Next iteration coming out, I'm going to Make sure I've scrubbed away that on the keto queen, because that That's not what I am.

And that what just because it really helped me or other people in certain places. I think we lose the Message if we try to Yeah. Well, I think that's where we get it wrong, right?

And metabolic flexibility paves the road to longevity. And I don't care where you skew, like for me, saturated fat, as a Mediterranean person, 100%, fat drives up inflammation in my body.

Metabolic Flexibility and Individualized Nutrition

I too would love to be carnivore. Although, you know, But Lord knows I've tried. But I need my veggies and my beans. The bean thing is interesting because it speaks to the microbiome and all these people.

We're not going to get a chance. I'm serious. I don't want to get too granular on the diet. I think the takeaway from the Diet is metabolic flexibility and personalized.

We can just leave it at that. Personalized for you, your genetics, and the time of life and stage that you're at. Here's another idea that I think is really important to explore a little bit.

And this is the tension between prevention and fear-based hypervigilance. Ooh, that's a good one, girl. Because we have people walking around in abject terror.

And yet you get the other side of the equation going, I'm fine. I just going to have a bottle of wine every night. And like all you stressed out people, you're the ones who are going down and they're not all wrong, but the bottle wine thing might be a little too far.

So, how do you help people to kind of navigate that line, which doesn't need to be too narrow. It just depends maybe on a person's own experience. Well, I mean, first I do a deep dive and sort of an evaluation of how they experience the world in on and around them.

That helps me understand how the calibrate, you know? So if I have a patient who's extremely hyper, like overly hypervigilant or extreme fear-based, i'm gonna approach their process very differently than somebody who is like, bring it on, do it all, right?

There's a person, so knowing like I meet them where they are, that helps as a clinician, we need to have some of that piece. But the other piece for both, because the bring it on folks can also be driving cortisol in a different way.

You know, like my Uber athletes, my endurance athletes. I mean, I'll tell you, the sickest patient population I've ever served and I cannot recover, and i'll just be really blunt, are my Endurance Athlete Vegans.

Like there's no way I can help you. Because they're burning the candle. It's not even both ends, it's all the ends. Exactly. And I'm like, oh, that's a tough one.

like I'd never seen one of those folks unfortunately survive. They just can't. There's They're so addicted to the endorphins and addicted the brain deficiency of the vegan diet that's got so many malnourishing aspects to it that there's no rebuilding there and they just can't even see it.

There's literally not an ability to track it because the On the other side here, it's like this piece you were talking about the longevity piece, the mitochondria piece.

Like this is that metabolic flexibility. Again, It's got to be flexibility of mind and thought as well. And so I try to educate and empower people to know that, you know, a diagnosis like, this can be frightening.

Absolutely. That can, be your first instinct, but how you meet that fear and how, do you choose to metabolize that? Fear and, how do, choose harness that.

Fear can make or break this experience. people need to know that if you are coming from a fear-based place, from

whatever angle, the body can't heal in sympathetic nervous system.

It's literally an impossibility. And so I explained to them that they're going to have to bring somebody onto their team that is helping them meet that response in a profound way.

For some people, that's therapy. For Some people that somatic movement. for some People that psychedelics. That's a spiritual practice. that part, I can't do for you.

But it has to be addressed. It has. And so I can appreciate, I mean, fear, short-term fear was just like short term inflammation. Get in, get out, but we don't get it out.

We stay in and that's where the problem lies. If you find yourself lingering in fear land far more than you anticipated, please get outside help. This is such a, and this, I think, is even something Dr.

Kelly Turing and I talked about over and over. And what I hope she expands on in her next books as well is this piece is really kind of a deal breaker.

So you're right that there's a place of being so afraid of what you put into your body, but how about just being more curious about this out and my data, my labs, by HRV, they're going to help give me the guide rails.

They're gonna like guard rails, they are going help me know, is this working for me? Is this not? And like our talk before this, there'll be moments when you are a hot damn mess in everything.

Yeah, and that's okay. It is. Because guess what? It's a season. And so instead of fighting it, just be like, okay, what a beautiful expression. My body is telling me exactly, it's responding perfectly to this situation or this environment or exposure.

And so I know it will know how to respond to that and come back into balance. So it's this, the flexibility of the metabolic digestive and food system needs to be applied to our nervous system and our belief systems as well.

Yeah. I love what you just brought up also and this idea of You know, there was the idea of war, but this idea, of thanking the body of expressing gratitude to the system of, expressing to, the, body.

I know you're out. We're, out for the same purpose here. Right. This, and that, that is, I think, a piece also, when we go through challenges, health challenges.

The tendency is, I've been betrayed. You let me down. How could you do this to me? How can you leave me in this time of need? And if we can change that inner narrative to, wow, thank you for bringing this into my attention, and I know that you're just trying to protect me, so how can we work together to get to the other side of this?

Again, it's another mind shift that whether it is cancer or any big health challenge, I think can really be helpful to people to get them to the other side in a better way.

Beautiful. Yeah. So like I said, we have like 10,000 other topics that we're supposed to talk about. We have 15 minutes. Talk to me about a classic case where people would say, well, the problem's the tumor here, but really it was the terrain that was bottleneck.

Is that always the case or do you think it's sometimes the I've never not seen it be the case. That's the whole point, right? Exactly. It's not like we went to bed one night without a tumor and woke up the next day with it.

Doesn't work that way. Things accumulate over time. Energies and toxins and stagnation and DNA damaging impacts happen over the time, it's really rare.

And it hits us really fast and furious. Yeah. Terrain is the bottleneck. Okay. So is there a terrain intervention that sounds almost too simple to be meaningful, but changes everything when it's done consistently?

And I would say that even before anybody, there's any trouble or even while during trouble. Oh my gosh. I love this one. We so underestimate the power of rhythm.

Interesting. And being in the rhythm of, I mean, many of us love to what's spontaneity and something different and da, da da. But our body actually wants some routine and rhythm.

And so one of the most profound things you can do is impact your light exposure. First light of morning, last light at night. It's incredible how much that will start and finish the day and send off all kinds of signaling pathways that help lay the groundwork for how your day goes and even how you're night goes.

So to me, seems so utterly simplistic, and yet when you look around, no one's doing it. I'm at medical conferences. How many of you watched the sunrise this morning?

Or the sunset or know what phase the moon is in or had a perfectly blacked out room at night or avoided getting on your screens before say 9 a.m. and after say 6 p.

m.? It's just silence. So you're basically, you were almost speaking to the driver of circadian rhythm. Like it's circidian rhythm, but it through the light exposure, like the right light at the time.

Yes. Which feeds into melatonin, which is, I mean, from what I've read and seen, potentially one of the most powerful built-in tools that we have to prevent cancer.

What a great way to put that, the most powerful built-in tool. And you're right, we were co-evolved with that. We have melanin in our skin that responds to the light that then produces the nutrients that are critical for a properly functioning immune system, but also properly-functioning digestion and properly function in sleep pattern, and then also leads to production of these very important antioxidant endogenous messengers like melatonin and serotonin, and dopamine and all these other pieces.

You're absolutely right. And yet we collapse it. We block that flow in so many places in modern times today. Block that ability to utilize these things that we co-evolved with since the beginning of time.

Yeah. and underestimate them. So what do you say to people living like me living in Northern climates? Like I, you know, I I'm going to get the benefit from my eyes in terms of the light information, but I am not going get that melanin stimulation.

Like I'm at the point now where I, I've virtually blocked out all the naysayers on melatonin. I am using an herbal melotonin every night. There's some really cool data on it.

And I have to share some information with you on that. It's called, um, it's call the Herbatonin and so it is a plant derived meletonin, and it so interesting because it like a whole food.

You need way less for much bigger impact. I'm super intrigued. Ooh, I can't wait. I am going to go down that rabbit hole later. Oh, it's super cool. And it is also one of the most affordable supplements you will ever buy.

See, this is what you are speaking to as well, also what is accessible by all of us. Yeah, for most of them. It doesn't require a high bank account to get the tax.

Super interesting. Let's go back to that melatonin thing for just a moment, because people, there's so many people saying, oh, you should never supplement that we block our endogenous.

I mean, have you followed the work of Dr. Russell Ryder, who's now into his 90s, he was like the father of melotonin, and this very interesting woman by the name of Doris Lowe.

Oh, yes, Dorice Lough. Wacking fantastic in this realm. We have used high high dose melatonin as a way to protect our astronauts going in and out of the extreme exposures of ionizing radiation into orbit and back home and using

upwards of seven grams a day Totally safe that is helping prevent that DNA denaturing that happens going up and down as we all age naturally our melatone levels drop and ever replace our endogenous production of melatonin when we supplement.

We literally supplement, we don't replace it. So I think that's just an issue. I love that you brought that up because I'm sure people are like, well, I've heard that if you take it, you'll stop your own production.

That does not happen. Well, it stops on its own. I mean, frankly, It shuts down on it's own, never mind all the shitty lifestyle habits that we have to shut it down as well.

So, you know, to me, that conversation is just silly. I say that with love. To me, it's part of a fulsome hormone replenishment strategy. I got chills.

For those of us who can, we're going to replenish our sex hormones. There's a replenagement of some of these hormones that we lose that need for vitality.

It's amazing to me melatonin. We use melatonin in the cancer space to act as a natural aromatase inhibitor. We used melotonin and the oncology space, to as natural selective estrogen receptor modifier.

So those are the hardcore drugs that we use today to be endocrine therapy blockade of hormones, but they're coming off a switch. That is not what the body needs.

The body need modulation. And melatonin modulates that process. It's like, you got too much happening over here, we'll bring that down. You got two little happening here.

We'll bringing that up. it is a brilliant adaptogen to our hormonal physiology, hormonial signaling pathways. So I do think it's maybe underutilized in being maybe a first starting point versus bringing in other replacement therapies.

I might go with a modulating therapy and see if that makes a difference. For sure. And as you said, the first step is to put right light at the right time.

That's free. Let's just stop walking out the door. Okay. So a couple more questions before we finish off part one of this interview. I'm just putting it out there.

Now, if you could design an annual checkup for longevity enthusiasts, what would you add or remove? What would it include that people don't really think about right now?

Well, let's go with the gold. If you have the resources, I would love to look at some non-contrast dye, non radiation imaging, maybe done every one or two years.

So various companies on the market now, Core Viva, Pre Nuvo, a few others out there. Those can be really helpful to looking under the hood and capture things that are maybe quietly brewing that you're not aware of.

And to monitor things if you do have something that needs to have some attention. The other thing would be your single-nucleotide polymorphisms. If people don't already have those run, please do, because they tell me why you might respond to a diet or a lifestyle or supplement in one way or somebody else will respond another.

You mentioned it earlier, kind of this pharmacogenomics. It tells me, are you a candidate for metformin? Or not. Are you a candidate for eating a high grain diet or not?

It tells me what is best for your blueprint. So that's a really foundational one. And a couple hundred dollars investment, that doesn't change over your lifetime.

Unless you get like a bone marrow transplant. But there you go. The fundamental labs that I ran in my patients for the entire 17 years, I had a private practice, and then I run in every single person I work with now tells a huge story,

which is a CBC with differential.

That tells me everything I need to know about your immune system, including the prognosis of your longevity based on your neutrophil to lymphocyte ratio.

We could do an entire discussion on that. The second one is a CMP, complete metabolic panel, which looks at just the basic organ functions and electrolyte balance.

Basically, how's your electrical system and organ system functioning? Number three, a C-reactive protein, preferably a quantitative is all I need. Anything above 1 or 0.1, depending on the range, is a problem in the system.

Prevention, Rhythm, and Longevity Testing

And so we want it to be very like, if you've got it higher than that, even 1. 1, I want you to explore why. The other one is the sed rate. If that's above 10, that tells me you got some problems with how your cells are moving through the fluids of your body.

So it tells me things are thick and sticky or are moving smoothly. And if it's elevated above 10, that suggests autoimmune patterns. So self-attack stuff.

Then the third one of that component, we call this the trifecta, is the LDH, lactase dehydrogenase, which used to be part of every comprehensive metabolic profile until some person behind a desk in the insurance model 10 or about 15, 20 years ago said, no more.

But I will tell you, your lactase dehydrogenase is your best marker for mitochondrial function out there. And this will also tell me you can also get the isoenzymes for that, which will tell us exactly where tissues are having difficulties or where they're striving, thriving.

So that's very helpful. And then I always like to look at it at a vitamin D level. Um, I like. At a ferritin level and a homocysteine level, those tell pretty much like, how are you methylating?

How are oxygenating, detoxifying? I might throw in a GGT and RBC magnesium. Those give me the most information as far as systems in your body. Now, that would be like fundamentals, and I did that with every patient for decades, which showed me so many things.

We headed off so things at the pass with that information alone. You might, if you want to throw into thyroid panel, right? If you have a little extra change in pocket, I like to look at an organic acids profile.

Nice. Yeah. I really love I tried to try them all, you know, out there. The one I'm currently I don't know if I am allowed to say names of companies. You can talk about the ones you love.

KBMO has one that they just launched this year. Actually, I should say the end of 2025. It was actually one of the first people who had it done. And part of that was they were in responding to my husband and I, who's the mad biochemist, we were always a little underwhelmed by the other ones out there, but we may do.

KBMO seemed to take that to heart and create a response. And again, I get nothing in having this conversation. But I really like it. So for me, like I just did mine recently, given how much my body's been through this past year being on an airplane all the time, lots and lots of stress, probably beyond anything I have endured in a long period of time.

I was a little worried of what I would find on that. And what it was really shocked by is that my mitochondrial function, despite everything coming at it, it's like, I've got Wonder Woman bracelets.

I've worked so hard for so long on my metabolic flexibility that I can handle the extreme stress right now. Now for how long? That remains to be seen.

But at least I was shown, my body was giving me the feedback one, it sucks, but we're holding our own right girl. So let's do you and we'll get back to this.

It's fascinating because it shows you like I learned I had some dysbiosis patterns. I'm like, oh, that's interesting. I learned that I probably had some mold exposures that i was sort of suspecting but it showed up in my oat.

It helped me understand a few elements kind of functionally that might be a blind spot for me. So I will be repeating that again. I did it in October and I'll do it again in April.

So just to kind of look at those things, I think that's a really powerful one. So for me, SNPs, imaging, those basic labs I just walked you through and an OAT test, on an annual basis will give us a lot of information if you've got the resources to do that.

But even if Seriously, a CBC with differential, that's a basic, basic blood work. Yeah. And those are like out of pocket direct to consumer. For my panels, we would do a CVC with differentials, CMP, searacted protein set rate and LDH for less than $25. So that is like, good.

That's. A couple that a couple copies, you know, like come on, but so worth it. It tells you so much data about yourself. Okay, so a couple of quick fire questions before we finish.

And then I think we're going to leave it at that for today. So you're involved in building a model that includes metabolic research and earlier detection tools.

What does early detection really mean to you beyond the scan? So are there some little things that people could watch out for a little night? I mean, the blood work, for one, neutrophils to lymphocyte ratio.

Well, I think that's just it. Some of those labs we just discussed are super early warning signals. But another early warnings signal are some simple things like just how refreshed are you after a good night's sleep?

That's a big one. If you do use a continuous glucose monitor, is it stable or is bouncing all over the place? Stability is key. Some of the basics like your waist to hip ratio.

Is that waist getting a little over the belt? That's a clue of things. Not right. That is actually an internal messaging system versus the external messaging systems even more important.

And then some simple things like I call them my nutritional physical exams. Feel the back of your arms. If you have those little bumps, call those chicken arms, that's classic vitamin A deficiency and fatty acid deficiency.

Oh, interesting. Okay. So especially if people say, oh, I have night blindness or floaters, that's a really classic vitamin A deficiency. Interesting.

I know. You're like, do, right? Cracks on the heels. Crack on heels can show some collagen issues, but it can also be very significant of fatty acids, and thyroid too, yeah, exactly.

Even more interesting, if you've ever done a little reflex hammer in the back of your heel, mm-hmm. That used to be our way of testing the thyroid. We have, it makes total sense.

That's so interesting. You just sounds like what? And so if it records back really fast, you could be hyperthyroid. If it goes hypo or not at all, right?

So those are some cool ones. And then things like now most women today and even men cover their nails. So you don't see the stories there, but your fingernails, man, are a roadmap to what's going on inside of you.

I'm really trying to encourage people. to let their au naturel come through. Because if you're dilapidating, for instance, we don't know if your got weird hair growth in places that are trying to tell us something, right?

Or if You're covering up your nails and you are missing those white spots, which are the classic zinc deficiency spots. Or if you're using hair extensions and don't realize that you are losing a lot more hair right now than you had been, these are the things that we have so many ways to overcome our physical attributions that actually might be blocking really important feedback to the system.

And so I'm always telling people, if didn't have the nails or the hair or whatever, What might we see under the hood? And that helps people get a sense of their nutritional status and their response to their environment status.

Yeah, you know, that brings to mind when I went to school to study nutrition, there was a, I can't remember the guy's name, but there is this like, 12-page questionnaire that I used to use with clients coming out of there called symptomatology.

And people got really annoyed at it because it felt to them like you were asking the same questions but in different ways throughout and they felt like they were trying to trick them.

But by the time you came out of that questionnaire, just through symptomatology, things that you're talking about there, it would give us an idea of where to start.

Was it a digestion thing? Could it be adrenals? As we've become more sophisticated in testing and all that stuff. And physicians, to be fair to them, have lost the ability to spend time with patients.

So they don't have the time. But I think if we went back into the 30s or the 40s, or even before, the doctor would sit with the patient and ask like a million questions.

It would be an hour. Yeah. Yeah. Well, that's so interesting. And you can do that on yourself. Like, I think that that fabulous. Okay. What's the research question you most want answered in the most in, the next five years, Dr.

Nasha? Oh, my gosh. That's. So good. Cause the brain of mine is constant in this world. Um, there'll be more. I wish that they would do more, um, it's not so much about the.

Research question. It's about how we do research. That's what I'd like to see. When we have what is known as a 17-year gap in research, takes an average of from the bench to the bedside, a lot of people are harmed or dead by the time that comes to, you know, the outside world.

So there's an idea of real-time research. In the moment of things that we may have anecdotally seen do very good things. Versus stuff that we like, I've never tried this before at all.

Right. Yeah. How about doing both? Let's get something into anecdotal real time evaluation, collecting the data from that population. So maybe dozens of patients all over the country using high dose vitamin C for cancer.

Well, great. Let's keep doing the research in the RCT model on one path, but let's start collecting the data on these patients, of which we have tens of thousands of them around the country, and together make something meaningful come to light much sooner than later.

So it's not even about what I want to see researched. I think we need to just change the way we do research. And what's powerful about that is it takes away the obstacle of the million dollar RTCs.

Exactly. A million is nothing. It would be cheap. Like the multi-million dollar random controlled trials. I think that's where we bring power. And maybe as AI models become more prevalent and better trained, we can start to merge those.

That could be a superpower that we tap into. Exactly, that I believe is a time and a place where AI will shine in helping us make those correlations much sooner.

make this much faster to market. Yeah. 100%. Okay. What do you think will look so obvious in 10 years, but feels

really controversial today? Is there anything come to mind on that?

I mean, I see it in my world. I think everything I do, um, it seems like obvious, But it seemed so weird that people are just finding out like things like circadian rhythm or about blood sugar or metabolic flexibility.

You and I know this, the 99% of the world around us doesn't. and metabolic medicine will just be medicine. It'll be a thing. Yeah. A hundred percent foundational.

All right. Quick fire here. What's the first change that gives the biggest ROI for most people? Sleep. what's one lab or metric you wish more longevity people tracked consistently?

LDH. whats the most common self-sabotage pattern you see in high performers? Ah, doing too much. Yeah, too. Much. You were talking about your long distance runners there.

All right. Now, if someone listening here has no diagnosis, but they want to stack the odds in their favor, what's your closing message for them? Take audit, take audit of your life, a take out of everything you're putting in on and around you, including people, places and things and see what makes sense and what no longer does.

Love. If someone listening does have a diagnosis and they're scared, what would you like them to feel after this conversation? Empowered and hopeful. Love, I love that.

Dr. Natia, you, my friend, are a true gift to all of us. And please let people know where they can learn more, connect with your work, find your books, and find a practitioner if they need one.

Perfect. Simplest place, just go to drnashea.com. There's a lot emerging in 2026 and beyond. So get in there, start splashing around as this continues to build out and emerge.

But that gets you links to events and books and conversations and a soon to be launched podcast that I hope that Nat will do me the honor of being a guest on and others as we dig in.

It's actually called Tend the Terrain. Um, and so that's where I'd love to find y'all is amazing. Thank you so much, Dr. Natia. Always a pleasure. And folks, there will be a part two, so stay tuned because we're so many stuff we didn't get to today.