Introduction to Cancer as a Terrain

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So early on, and I recognize that, but I also still needed to make sense of it and simplify it to teach it, whether to a patient or an advocate or a colleague, a medical provider.

And so what I kind of learned over all the decades was that for me, there were sort of 10 drops in the bucket, if you will, that were impacting our terrain.

And, so one of those is just epigenetics, the blueprint in which we were born with, right? And that might show the tendencies in your family of origin.

You know, maybe your dad had diabetes and your grandfather had to diabetes, your great grandfather, but that doesn't necessarily mean that you're going to have diabetes.

There's things you can do. Right. And so epigenetics just gives us the roadmap and says, maybe with this information, you could make different choices to have a different expression of your genetics.

So that's one of the drops. The second drop is what are we fueling ourselves with? And we're learning so much in the last few years that, we were told so many of us that what you eat doesn't matter for cancer.

We've learned that that actually isn't entirely true. It matters more than we think. Welcome to the Belgiansky Cancer Talk Show where integrative science and holistic healing come together.

I am Sylvie Belgiensky and in each episode we explore nutrition, lifestyle, mental health and research-backed approaches to support the whole person through cancer and chronic diseases.

Hello, everybody, and welcome today on the Belzhansky Cancer Talk Show. And my guest today is Dr. Nasha Winters. Dr Nasa Winter is an internationally recognized leader in metabolic and integrative oncology and a pioneer in terrain-centered approaches to cancer and chronic illness.

For more than three decades, she has advanced a system-based model of care that explores the interconnected biology of metabolism, immune resilience, inflammation, circadian rhythm, environment, and the lived realities that shape human health.

A global educator and visionary system, SYNCARE, Dr. Winters created training programs for clinicians, allied health professionals, and health advocates worldwide, empowering communities with practical assessment-driven frameworks that support personalization and precision.

Dr.

Dr. Winters' Cancer Journey

Winters is a creative medical architect behind a residential integrative cancer hospital and research institute concept grounded in regenerative farming, sustainable design and intentional community, bringing together farmers and physicians, patients and caregivers, science and soil to support a more relational, rhythmic and regenerate future.

She is the co-author of Metabolic Approach to Cancer, as well as Mistletoe and the Future of Integrative Oncology, and The Voice behind the Tense the Terrain podcast and Tence the terrain suspect.

Dr. Nasha Winters, welcome to the Belzhansky Cancer Talk Show. Sylvia, I am so pleased that we are finally getting to do this. And I'm so honored to be here with you and all of your lovely listeners.

Thank you, thank you. I mean, all the honor is for me. for this enlightenment moment for all the audience. I think what you are bringing is really, really interesting and can make a difference in people's lives, which is the goal of this talk show, make it make difference.

But before getting there, I like to create a human connection. And therefore I would like ask you, how did you get there? How do you become Dr. Nasha Winters?

What happened? I mean, as a little girl, did you dream to become a naturopathic doctor or something happened in your life as itself in the case that made you open your eyes on the need of choosing something different?

Well, oof, gives me chills. Thank you for that. And like probably so many of your interviewees, people that you bring on to your show, a lot of us didn't arrive here on purpose.

We didn' intentionally think I'm going to work with cancer. But for me, that started very young. At the age of 19, just shy of my 20th birthday, I too was meld with a diagnosis of cancer, It took them months to figure out what was happening in my body.

They thought it was just more of the same of other collection of health issues. I had a lot of autoimmune stuff, digestive stuff. So it's easy for my cancer to hide behind a lots of others labels.

And by the time they figured out was going on, I was actually far too sick. and far too advanced to even be able to tolerate a single dose of chemotherapy.

I was not a surgical candidate. And back in 1991, they kind of washed their hands of me and sent me on my way as distressing as it was for both of them.

and clearly for me. And so what has happened in these 34 plus years later is I didn't expect to fight it, I did not expect it to beat it because no one was giving me that opportunity.

No one is giving that belief system and of course as you well know back in 1991 there was nobody like Sylvia Belgiansky out there in the world inspiring and showing people that there are other ways.

So for my I wanted to understand why. and that is how I have developed these methodologies over three decades, is to understand that we don't go to bed one night without cancer and suddenly wake up with it.

It doesn't work that way. And so I wanted to start to understanding why a process happened, but later over time I learned that about tens of thousands of patients I worked with directly and hundreds of thousand of patient I work with indirectly that there are certain patterns that align, that allow a cancerous process to express.

And so that's what my journey has been is an ongoing learning experience in all of this. And so you were not given the conventional treatment, you had to fend for yourself.

And then that led you to what exactly? So the first accident, the perfectly divine accident was I had a bowel blockage, 100% bowel-blockage. As such, I couldn't eat.

And I know that you've worked with many people who've talked about the power of fasting for cancer, but I was a living laboratory, a little bit living experiment of that all those years ago.

And so it often shocks people to hear this, that I didn't eat for two and a half months. And I was only able to

manage very tiny small sips of water. And despite the only other interventions I had at the time, they tried to give me pain medication, but it caused even more bowel blockage.

So it was excruciating and impossible for me to tolerate. It also made me very nauseous.

Understanding the Terrain Model

Having stomach cramps and vomiting with a bowel-blockage is not something you ever want to endure. But it was also getting my fluid drained. I was getting the fluid buildup known as ascites, malignant ascities was being drained in the beginning every few days.

And then over time, the deeper I got into the fast, The less it filled up and the less I had to have it drained and so by the end of two and a half months, I no longer needed to Have the ascite fluid pulled.

It stopped coming back at the End of 2.5 months. The grapefruit sized tumor on my right ovary. from the ultrasound imaging I was doing and the MRIs I doing at the time had shrunk by more than half.

And I finding some energy and vitality again, which was completely opposite of what anybody would think. Yeah, very long fasting. Very, long, fasting for everybody.

But yeah. Yeah, and for me, I believe, because of the collection of symptoms and patterns I had on my body leading up to that, had an enormous amount of inflammation.

I have an enormously amount reactions to the foods that I was eating. Had enormous amounts of stress and trauma. And in those two and a half months, really go inward and really protect myself on the energetic side, but accidentally address some of those drivers, the inflammation and the toxic burden head on, accidentally.

So I think that's where my story really did start, Something in me also very much understood about this trauma piece. And I was a pre-med student, so there was desire to go into medicine.

I mean, I definitely called to it. As a scientist, that was how my brain worked. But I started to stumble across the work in those first six months or so into the works of people like Dr.

Robert Ader, who is considered the father of psycho-neuroimmunology. A stumbled upon the working of Dr Candice Pert, who was a researcher but wrote the book Molecules of Emotion and showed us how our thoughts really do impact our physiology.

And then I also stumbled across the work of an unknown of the time. His book wouldn't come out until 2011, so this is 1992 or three, when I was running across a work by a man by the name of Dr.

Bruce Lipton, who is studying epigenetics and understanding that our belief systems impact are physiology as well. So I kept accidentally finding these people who brought me a different perspective to what I was being taught in my pre-med courses.

And then you have now, I mean, speaking essentially of disease as a problem of the terrain, how did you define the terrains first and how can it become sick or unfit for health and wellness?

I love it. You know, for me, The way I think about terrain is that it's not just a biochemical process within us that's laying a landscape within our bodies.

It's also a biographical and a relational and even a perceptual environment within us and how it interacts with the world around us in on and around. My early understanding as I was doing my research and running across those researchers I described, I also ran across the work of Dr.

Otto Warburg, who understood cancer as a mitochondrial metabolic disease. I ran across the work of Dr. Mina

Bissell, who understood this concept of the extracellular matrix that basically the tumor cells weren't the problem, it was the swimming pool they were hanging out in that was a problem.

And so in my early learnings, I was stumbling across that idea that things like nutrients and toxins and mitochondrial function and metabolism were more at play than just bad genes, which is what we're all, and still today, predominantly being taught.

So I started to understand that things like our mitochondria and the environment within us was sensing things, it was taking in information, everything we were putting in, on, around us, including people, places, things.

And then it was trying to make sense of that information, it's translating it. It was defining certain patterns, kind of putting it into buckets. And, then, was it trying communicate back out to the surrounding organelles and the surroundings cells and tissues and organs and structure.

That's where my learning of this just evolved over time. I've just sort of seen patients do everything right biologically, but yet their life and their terrain remained quite chaotic.

And so I started to understand over time that the terrain was an expression of coherence or incoherence. It was expression the tone of the nervous system, how it was responding to the environment on and around it.

And that chaos could lead to things like survival signaling, inflammation, metabolic dysfunction.

The Terrain 10 Factors

That's what I was learning early on, Sylvia, with my own process to understand that I'd had a lot of chaos in my life that led expressions, these patterns.

And so what I feel like I've gotten to play with for myself and for lots and lots of others over the years is that when your life terrain gets disrupted, you feel it in your biology very, very quickly.

And sometimes that shows up as disease, sometimes it's up is mental illness. Sometimes that show up, as extreme as things like cancer. So for me, the terrain is the sum total of what we've been exposed to, what believe and how safe we feel in our own lives.

how safe we feel in our, I like that, like, that. Can you be a little bit more detailed about what would be the everyday factors that quietly disrupt metabolic health and increase the risk of cancer or other forms of inflammation?

Sure, sure. You know, when I think about, again, in the beginning, a lot of us are looking for a single cause. and then a single treatment to deal with that single cause.

And even the American Cancer Society explains that cancer is a collection of 100 or more diseases, right? So early on, I recognized that, but I also still needed to make sense of it and simplify it to teach it, whether to a patient or an advocate or a colleague, a medical provider.

So what I kind of learned over all the decades was that for me, there were sort of 10 drops in the bucket, if you will, that were impacting our terrain.

And so one of those is just epigenetics, the blueprint in which we were born with. That might show the tendencies in your family of origin. You know, maybe your dad had diabetes and your grandfather had Diabetes, your great grandfather, but that doesn't necessarily mean that you're going to have diabetes.

Right. So epigenex just gives us the roadmap and says, Maybe with this information, you could make different choices. to have a different expression of your genetics.

So that's one of the drops. The second drop is what are we fueling ourselves with? And we're learning so much in

the last few years that we were told, so many of us, that what you eat doesn't matter for cancer.

And, we've learned that that actually isn't entirely true. It matters more than we think. not just what we're eating, but even when we are eating or not eating can have direct impact on these signaling pathways.

And so I started to learn more about what what, what could do in our own, like every moment we put a fork to our mouth, we could have an impact. So our metabolic health down to what were fueling ourselves with is one of those drops.

Third drop is toxins. My goodness, it's no longer if we're exposed, how bad is it? It's everywhere. It is ubiquitous. The fourth is our microbiome. I know you've had some really incredible conversations around that.

Many people in the functional medicine and the naturopathic and ayurvedic in Chinese medicine has understood the importance of the gut and microbiomes.

But it is only in last few years that standard of care really is understanding that the way our immune system responds is based on our mood response is based on our microbiome.

Even the way we tolerate or even utilize various medications or supplements or nutrients is dependent on that. So microbiomes is one of those drops. The immune system, the inflammatory process, even how well you circulate your blood and move oxygen around the building.

People like Dr. Otto Warburg learned really early on that even if we have a small deficit in our oxygen levels, we can increase our risk of cancer exponentially.

So those things I started to understand. And then hormones, and not necessarily hormones excess or deficient, how they relate to each other, How they're in balance with or out of balance, with each and then stress and circadian rhythm, and finally, maybe most importantly, the mental-emotional drop in the bucket.

And so those 10 categories, I'd like to call them the Terrain 10, are what I started to learn about and assess in each and every individual I had the privilege to serve.

And we would do kind of a questionnaire and dig deep and realize maybe what are their top two or three drivers? What of those 10 are there biggest blind spots that need our immediate attention?

And then that's where we tend to start. So that, of course, all of us likely have something in every one of But most of us have at least two or three that are really the driver.

And so if we start there, it's also less overwhelming. Because I think when you have a diagnosis like cancer or some severe chronic illness, you want to try and throw everything at it.

But when a system is so incoherent and so overwhelmed, that can actually make things worse. It can topple a systems that's already unable to meet all of that information from the start.

I like very much this approach of silos, let's say, in which you have to address in a systematic manner in order to not leave something completely out because you are not a specialist of this or a specialists of that.

Our bodies, our souls need an holistic approach and I love that you provide just that, how do you use complementary therapies How do you value them alongside conventional treatments?

Do you think they have their place? And if so, what kind of therapy do like to use? I love this question. And it's interesting, being in this field for over three decades, I've seen a lot of trends come and go, both in standard of care, as well as in alternative care.

In some ways today, we've almost replaced the conventional rigidity with alternative rigidity. We're kind of making

the same mistakes our conventional colleagues have made.

So many integrative approaches still are chasing protocols, or they're still applying a one-size-fits-all solution, Or maybe they are overwhelming and overloading the patient.

And so in some situations, we've swapped chemo protocols for supplement protocols. Those problems, you know, stacking these therapies without understanding the right timing, the rate dose, right duration and combination, or understand the terrain in which those therapies are landing in, especially if it lacks sequence, we can fall short of bringing really good outcomes to our patients.

Complementary Therapies and Testing

And so even with alternative medicine today, our emphasis is on killing cancer, whereas my emphasis and many of the colleagues have trained their emphasis on restoring regulation, which then allows an environment that is inhospitable to cancer to rise.

Now, of course, we can still come in and target cancer cells, but we do a better job of that when we're restoring and regulating the terrain simultaneously.

And so when I think about what therapies I like to use, it really depends on that individual. We do a deep dive into their Terrain 10 questionnaire. You look at their labs, their imaging, we look where they are in the process and we prioritize and look for the test.

The test gives us all kinds of information. we looked for assess what are the patterns that are being to be responded to and then what treatments often fit those patterns the best.

When you are facing cancer, the choices can feel overwhelming, conflicting advices, endless options, and very little clarity. At Maison Belchanski, everything begins with science.

For decades, molecular biologist Dr. Mirko Belzhansky studied how specific plant extracts interact with cancer cells, work that continues today through independent research and real-world use.

Maison Beljanski offers carefully formulated supplements inspired by that research, along with targeted support for immune health, cellular resilience, digestion, detoxification and overall wellness.

You will also find educational books, organic teas, personalized health coaching and wellness programs designed to support the whole person, not just the diagnosis.

This is not about quick fixes. It's about informed choices, thoughtful formulations and supporting the body alongside conventional care. Explore the products, the research and the resources at maisonbelchanski.com because when science leads, wellness follows.

What kind of tests do you like to love this question? So for me, there's some fundamentals just from basic blood tests that are often even covered by the insurance models.

So a CBC with differential, which is a complete blood count, for instance, is one of the most profoundly informative tests we can run. And it costs all of about $11 right out of pocket.

And this test tells me how your immune system is functioning. It shows me all-cause mortality, like prognosis of an all cause mortality based on your neutrophil to lymphocyte ratio.

When your lymphocytes are too high, or excuse me, when your Neutrophils are to high and your Lymphocites are low, you don't respond to any therapies very well.

And when the flipped is true, when you have too many lymphocytes and too few neutrophils such as leukemias and

lymphomas, you haven't an immune system and a bone marrow system that's completely overwhelmed as well and is really vulnerable to oxidative therapies pushing things in the wrong direction.

And so for me, a CBC is sort of my marker for terrain capacity. How hard can we push and how gentle should we be? So that's one test. The metabolic panel that looks at organ function, that look at electrolyte balance, it kind of shows me the wiring and the architecture of the environment.

It gives me a good visual of that. And then my patients have coined this concept of trifecta, which is looking at a quantitative C-reactive protein, lactase dehydrogenase, also known as LDH, and a sedimentation rate, Any one of those three by themselves have a lot of information, but as a collective, for me personally, they tell more of the story than even imaging does, than a tumor marker does.

Because they show me, is the body responding to whatever therapy it's taking on, or is it progressing? And I can see that well before we capture something on imaging.

So I'll give an example, so if that's okay. I have patients who ring the bell. If they finish chemo, they finished surgery, They're done. They are so happy and I'm looking at their labs and i'm fretting in a bit.

I am in the corner a little bit nervous because their trifecta are not perfecta. And I know it's just a matter of time, especially if all three of those are elevated together, that the cancer is actually not gone and that stem cells are waking and becoming a more aggressive and less responsive to anything.

And so I'm more concerned of a patient with a clear scan and perfect cancer markers with high trifecta than I am with patients that have a perfect trifacta that still have stuff on their imaging and still has elevated tumor markers.

Because that tells me that when the trifcta is perfecta, the patient is in the driver's seat, not the cancer. When cancer enters your life, so questions don't stop at treatment.

You start asking, why? What else? And what more can I do to support my body? At the Belgiansky Foundation, we believe cancer care deserves deeper answers.

Answers rooted in science, not in shortcuts. For decades, groundbreaking molecular research by Dr. Mirko Belzhansky explored how specific natural compounds selectively target cancer cells while spearing healthy ones.

That work continues today through independent research, education, and global collaboration. At belgianski.org, you will find evidence-based resources, expert-led conferences, books, and conversations that explore integrative approaches to cancer and chronic disease alongside conventional care.

Whether you are a patient, a caregiver, or practitioner, this is the place to learn, to question, Visit belgianski.org to explore the research, attend upcoming events and connect with the Belgiansky community.

Beljanski Support and Integrative Care

Because informed choices begin with credible science. Yeah, and conventional doctors do never speak about cancer stem cells because they are unable to address them with conventional treatments.

And then maybe worse than you have cancer is to hear cancer has come back when you are exhausted and you feel you've been through everything, you just do not see yourself going through the same whole deal again and then you're left with with nothing and no hope at this point, which is absolutely, absolutely terrible.

And that's why at the Belchansky Foundation, we are doing so much research about cancer stem cells with those little plant extracts that my father left us because they seem to be working effective against A number of cancer cells, but also cancer stem cells.

I hope that the next Belzhansky Integrative Cancer Conference, you will be part of it and you'll hear about those

results that we are presenting because I love it.

Well, and Sylvie, your products, Your Father's Formulations have supported my patients over decades. I mean, as long as you have been out there. And so one of the things I love about a lot of The Belgiansky Formulation is that they can help literally support the terrain while we're going after the tumor.

Yeah. They keep that terrain functioning so it doesn't get wiped out in the process of killing off the tumour. It's one my secret weapons is using things like RealBuild or, you know, Indeed, it is helping maintaining a decent number of white blood cells and platelets.

But it's so funny that you mentioned the Belzhansky products as support of the terrain because they were mostly conceived by my father for going after cancer cells.

That's amazing. And little did he know his real magic was he was doing a parallel attack and regenerate process, which is there's not many things out there that do both simultaneously.

Well, thank you. Thank you for that. So you have a very unique approach. I mean, this regenerative community-based cancer care model. How do you see that reshaping the future of health care?

Well, I believe that none of us have all the answers by ourselves, right? And so this is why we have conferences like this and podcasts and interviews like these to sort of spread our own seed and our little binds out to find each other and support each What I think is incredible to me is that there are conversations, a lot of people have been hearing of Dr.

Peter Shunsheng, who really famous, he developed a Braxane, and he owns the New York Times. He's been on a podcast and stuff recently talking about immune therapies.

he started talking over a decade ago about the fact that we should stop calling things like breast cancer or prostate cancer. I'm really hopeful that the resurgence of these conversations means that in my lifetime, we will no longer categorize cancer as where it shows up in the body.

I think that actually will move the dial much further faster than anything we've done in a cancer world to date. I also think that we're finally understanding cancer is not a genetic disease, or at least not entirely.

I still believe that the genetic expression is a downstream effect, not the first effect. And that's what I've seen over and over. That dialogue helps redirect our research and helps us redirect out patient approach.

Then the final thing is that, we are moving away, I believe, and this is where I think folks like Beljansky comes in to play, we are moving away from the concept of maximum tolerated dose, which is how we develop pharmaceuticals, is we basically say, how much can I give you before I kill you?

I'll tell you, by the way, also. Yes. We're like, so we're learning now, and we learned this from farmers. who realized in the fields that they oversprayed to treat pests, they actually created bigger, more difficult to kill pests.

Community-Based Cancer Care and Future Directions

So when they brought it down to almost, I don't know, lack of a better word, microdosing or very much lower dosing, and they pushed that pest population down just by a percentage, maybe by 20 to 50 percent, the rest of the environment around remembered what their job is and was able to swoop in and change the terrain, change, so that those pests were no longer wanting to inhabit that field.

This is where we're moving in the oncology space. It's known as adaptive theory of cancer learned from regenerative farmers, by the way. And there's research at places like Moffitt universities, big academic institutions to realize maybe we just need to push back just enough so that the wisdom of our body can step in and finish it off.

Interesting. I know that you love to empower your audience. Empowerment is a word that you like to use. What would be three simple but impactful ways people can start improving their health and their terrain today?

Oh, I love this. Gosh, three. Well, first of all, i'm hoping that people get curious. I want them to start to sort of audit everything they put in on and around their bodies, including people, places, and things.

You'd be shocked, Sylvie, how many homes of people that should know better that I go visit for dinner or a social engagement and I walk in and get hit with a wall of scented candles or air fresheners or Febreze sprayed on their couches.

And it's just like, How is that even still happening? or that they're serving up a meal where they are serving everything on plastic plates or things like that where you just go, wow, there's things that live in our environment today that a short generation or two ago didn't exist.

And it has completely overwhelmed our bodies. Where I've watched just since my training began in the mid early to mid 90s, I have watched cancer rates go up exponentially.

I remember it was about one in 10 to one and eight people when I started at medical school in the 90s, and today it's one-in-two are expected to meet this diagnosis.

So in a relatively short period of time, within a couple of decades, It's more and more. And so that awareness that self audit matters because it's like what didn't exist just a generation or two ago and maybe start to become aware of that and clear that out.

So that's one way to just create clarity and curiosity. Number two, you have to be a savvy consumer and you to do your own research. you have to take some accountability.

If you trust that you're getting all the information out there, I assure you you are not. These conversations that Sylvie and I are having right now are conversations I've been having with my clients for over 30 years.

And I still talk to people who think I have 12 eyes, you know, when I had the conversation as if what I'm saying is so foreign and yet everything I talk about is backed by loads and loads of data.

So my hope is that people venture out beyond just the standard of care insurance covered model to know that science comes in many forms. Anecdotal evidence is not a bad word.

Living, lived experience is still data and labs don't lie. And when we limit the types of labs and the type of imaging our patients have access to, we also then limit to the aperture of which we're looking at that patient.

We're narrowing what it is that we're identifying, but we can open that up. We can certainly see a different landscape and know how many other tools we could bring to the table.

And I think the third thing is Remember that you are of nature and that your part of the nature, and you cannot separate that from yourself. So if you don't know when the moon is full or the Moon is new, or you do not know the time of sunrise or sunset, you can go days without seeing a piece of Nature anywhere around you.

recommendation is to remember to go to it to, go, to the parks to have greenery like right now. I'll see if I can show you like looking out my window.

It's a jungle, literally, right? I look out into that nature every moment and to Remember that's who we evolved from and that is who you're part of and most of us have forgotten that.

And so the auditing, the self-awareness, be asking more questions and bringing other experts to The table, not just tumor experts, but terrain experts.

and be inundating yourself with nature to remember your own rhythm and your place in the universe. I love that. Thank you. How can people reach out to you, become people who have been inspired by this conversation and want to stay in touch with you?

How do they do that? Well, thank you for that opportunity. First of all, go to drnasha.com. There will have some invitations of how we can connect. It has my books, links to those.

it talks about events that I might be speaking at.

Practical Steps, Resources, and Closing

Hopefully Sylvie is in the not so distant future. I'm fortunately missing this year because I've got another event at the same exact time. But also I have been doing a lot of writing that i'm really just more more of my own inner observations.

And I've been offering up a free place for you to access that on sub stack, which is tend the terrain sub-stack. You can follow me there for free and just kind of see what I'm kicking around in my thoughts these days and where I am going.

I hope to be offering retreats later this year. We've all gotten so Zoom weary, you know, that we're missing. And that's why conferences like the Belle Jancy conference coming up are so important to attend in person if you can, so you could be in connection with others.

So I hope that you all follow me and see where we might be with each other in-person in the near future. Very good, very good. Give us also the name of your latest book so people can order it.

Sure. Metabolic Approach to Cancer was my first book. It still hits the top 10 in oncology books on Amazon, even almost 10 years later. it's still totally relevant.

The only thing that would change is it would be probably double the size today because of the information validating what is in the core of that book, There's so much new information that's come out, which is exciting.

The next book that came out in 2021 was, as you mentioned earlier, Mistletoe and the Future of Integrative Oncology. And that does dive into a few of my favorite therapies that are out there that I see that seem to make the biggest impact.

So there's such about that. It also talks about the oldest and most studied cancer treatment out from the 1970s, 17s on. And then it also talks about some of the testing you talked.

There's a whole chapter where I dive deep into what types of testing I like to do for every patient. So Sylvia, that was a great question you brought up.

Then the third book that's hopefully coming out later this year, early part of next year is building on this concept of tending the terrain. It's more coming through of things I've learned.

along the way. And the things I've learned both in medicine, but in farming, in my lived experience with the thousands of patients I have had the honor of being with, it's kind of the amalgamation of everything I learned over these last three plus decades.

I hope it is kind a love letter to what the future can hold. Sounds amazing. Can't wait to read it. Thank you. Thank you so very much, Dr. Winters, for this conversation.

Indeed, I think it was a class of empowerment for all of us. Thank again for the opportunity, and I wish you and your listeners absolute thriving, thriving in your own lives.

to the Belgianski Cancer Talk Show. If this conversation supported or inspired you, please follow the podcast, share it with someone who may benefit, and leave a review to help us discover these integrative perspectives.

For more resources and to see what we offer, visit Belganski.org.