Introduction and reunion

Hello, everyone. Welcome back to the mess during the Menopause Transitions Summit. I am your host. Still, doctor Sharon Stills excited to be here with you today.

And Uber. Uber excited for my guest. She is a dear friend and a dear colleague, and one of the most heart centered, wisest women I know. I had the honor of going through med school with her, so she is my sister.

Many of you may know her name. Doctor Natasha Winters I hear her puppy in the background. She she's a global health care authority. She's a bestselling author and integrative cancer care and research consulting.

She teaches other physicians how to work with cancer. She has a new book, Out on Mistletoe, which if you don't know what that is, we're going to talk about that because that's one of my favorite things.

She's focused on opening her dream of a comprehensive, integrative metabolic ontology hospital and research institute. If you don't know her, she's someone you want to know and you are going to learn a ton in our interviews.

So welcome my dear. It's so good to have you here I love you, I, we I this is so much fun. I mean, honestly, people have no idea how far back we go that I watched your children run the halls of our medical school, and now one of your children is a medical doctor.

You know, a naturopathic doctor out there. It's just so beautiful to watch the lineage move on. And you have been one of the most consistently beautiful, loving, supportive individuals in my life.

For my gosh, well over 20 some years at this point. I know that. So it's really wonderful to be here with you, to support you in this vision and to hopefully share a few tidbits with folks today in our conversation.

Thank you, thank you. Yeah, it is. I mean, we're talking about the 90s, the late 90s when we were in medical school. It's I know I hear myself saying I've been practicing for over 20 years.

And it's like, did I just say that? Is it really that long? We are now the elders in the profession. Here we go. Right? Totally. And I love this topic as well, because that was a time when you and I were in school together.

We weren't talking menopause right now. I get to walk that journey with you. In this conversation, I get to talk about my chin hairs and the transitions of what's going on in my body and my my physiology, and how I'm maintaining and supporting it through this process, along with my other sisters on the path.

Natasha Winters' cancer journey

So it's really fun to even be having this particular conversation with you and your listeners, because we're walking through the through the doorway ourself.

Yeah, exactly. I know I can remember doing women's ceremonies and honoring. And now we are the crones, we are the wise ones. And and I think about walking the journey.

You can't rush it. It's patience and it's having the experience and it's going through life to arrive here. And it's such a beautiful, beautiful process.

So there is so many things we can talk about and I just don't even know where to start. I mean, I guess I would just I think your story is so powerful, your own cancer journey that I'd love, if you're willing to share it with the listeners, because it's just so inspiring.

Thank you. Yeah, it's you know, it's weird because, this is why I'm drawn to topics like what we're talking about today is kind of everything about women's health, women's hormones, the transition in menopause.

Because really my, my issues started out very much steeping in, hormonal difficulties. And so, you know, I started administrating at nine back in the 80s, that was, you know, late 70s, early 80s.

That was not normal. Unfortunately, it's more common today than ever. But back then it wasn't. So that was sort of like a red flag. I started to be put on birth control pills by age 11 for severe endometriosis.

By 14, I was also diagnosed with a thyroid condition with, polycystic ovarian syndrome, as well as even on the hormones. My, endometriosis was intolerable, you know, just all of these different patterns that just accumulated as they sort of layered on more medications to deal with it.

And there was no way of learning about our bodies. And by the time I was 19, I had been diagnosed with IBS, polycystic ovarian syndrome, thyroid dysfunction, endometriosis, and so my symptoms in my sophomore year, summer before my sophomore year in college were, just kind of getting worse and worse and worse, and I would kind of land in the air every month around my cycle.

And they just thought I was a histrionic female. They'd send me with things like Xanax or an antibiotic because they thought I had a GI infection, because I also had IBS, and then I'd get a yeast infection.

So they give me, I mean, it was like such the ultimate game of whack a mole of what was going on in my body at that time, that I literally had no way of understanding what was going on in my system until many, many months into the process.

I landed in the hospital, at the end of life, stage four ovarian cancer metastasized throughout my entire body. Lesions in my liver, huge grapefruit sized tumor on my right ovary, peritoneal implants, carcinoma, ptosis, a huge swollen belly full of, malignant asides.

Bowel obstruction, kidney failure, liver failure, oxygen levels in the 70s, you know, fluid built up in my lungs and around my heart. I was I was on my way out, and it literally just one lucky moment that I landed with a doctor who, was a visiting E. R.

doc at that time and finally did appropriate testing that had been ignored for months because no one was looking for that zebra. No. One. This is 1991, right?

No one's thinking, oh, this young woman is dying of cancer at 19 years old. No one was thinking that, myself included. So that's what kind of led up to it.

And just like one giant hormonal terrain mess after another that led to this diagnosis. And at that point, I was so sick that there was literally nothing they could do a single treatment with.

Chemotherapy would have killed me right off because of just the state of my my body and my being at that time. So they basically sent me home for palliative care.

They sent me for a second opinion. The same opinion was given. And at that point I was left to my own devices. And so I didn't expect to live. That was not in my game plan, but I certainly wanted to understand why I was as sick as I was, why I was 90 at the time.

My my actual official diagnosis. By the time the biopsy results and things got back, I had just turned 20 years old. So my official diagnosis came October 21st of, 1991, and I just passed my 30th year on that journey where I have been learning about my own body, understanding what makes me tick, and applying that to thousands and thousands of patients I've had the privilege of working with and learning along the way.

So that's what leads us to having this conversation today is terrible and complex as it was. It was clearly my path

and purpose to be here with all of you today, talking about how can you evaluate your own body, your own whispers, before they become screams and do something about it at that point?

So what did you do when you were on death's door? And I. I love this story you tell when you're in the library and what you discovered and who you discovered.

And if you could share that with us. Sure. You know, I was like this kid from Kansas, you know, like, just very, you know, farmland, very, you know, salt of the earth, really simple, very beautiful.

You know, kind of just just the nature of the community I grew up in. And yet I was still sort of facing the, okay, there's nothing we can do for you community from medicine.

And I was pre-med, so it was a big, huge disappointment to realize that my vocation of choice was not meeting my needs in any way. So I was left to my own devices.

And when I was left in that place, literally told, you have a couple of months to live. I went to the library and was just perusing, no idea what I was looking for.

None whatsoever. And this book just sort of leapt out at me, which was a totally unknown author of the time, somebody I'd never heard of. This crazy cat called Deepak Chopra and a book called Quantum Healing.

Now, I mean, think about the empire that this man has now created. He's a household name. At that time, he was no one. You know, and probably a little woowoo and esoteric.

But I sat down and I devoured that book literally within a matter of two hours. And the craziest part of that for me was the book Quantum Healing is about a paradigm shift.

It is about a quantum shift of your thinking, your belief system, your attitude, your approach, and that moment changed my life, my trajectory forever.

Wow. Amazing, amazing. And then how did you what was your journey.

Finding quantum healing and terrain medicine

How did you heal your terrain? I love that you're so terrain based because that's my background and my philosophy in medicine. So if you could share a little. Sure.

Well that's so crazy. Just, just by accident, I stole so much of what happened. What happened with me was literally by accident. One of the for two of this accidents was that I did have a bowel blockage.

And in such I could not eat, I could not eat. And so here it is, 30 years down the road, we now see all the amazing scientific data backing fasting and intermittent fasting with help for resolution of cancer.

We even have studies all the way back from 1909. Doctor Morici, Marie Askey and other sets. Up until about the 1960s, we were using fasting therapeutically in the treatment of cancer to help debunk the tumor, to help slow the progression, and to help even reverse the cancer process.

For me, I accidentally couldn't eat any time. I put a little bit of solid food in my body, it created extreme pain and it made me very nauseous or made me throw up.

And so I could get by with just little tiny sips of water and little tiny sips of herbal tea. So that was one strategy. I could not eat anything solid for two and a half months, and tiny sips of fluid at at best during that time, the other fluid that I stumbled across in my research in the library was an herb called Powell Darko.

Now, this is in 1991, mind you. And that herb at that time was shown to have clinical implications in ovarian cancer.

How lucky was I to stumble upon that obscure research and a small little liberal arts, you know, undergrad school and be about, you know, once I was able to get more and more fluid in that was my primary fluid intake was how Darko.

And so those two sort of two accidents, I think, helped start to slow the process and literally buy me enough time to get curious and start to dig deeper into the why and the next big hurdle I had to dive into really early on.

Outside of the fasting and kind of stumbling upon an accidental herbal tea that happens to have efficacy in an ovarian cancer was a family fast. And I say that and a lot of people are like, what?

Wait, what kind of found was that? And, yes, exactly. And so without going into the, the, the, the sort of ugly details of which there were many, I came from a long, long line of a lot of trauma, abuse, poverty, other components here.

And so there's something known as the Ace score, the adverse childhood event score. And it's a ten part question, ten questions to see what you were exposed to before the age of 18.

And I was a ten out of ten on the exposures of these traumas that do increase your risk of cancer and, chronic illness in young adulthood and beyond. And so understanding that piece literally in those first three months of me having this diagnosis, I learned I had awareness around that piece.

I knew I had to shut off from my family of origin. I knew I had to go basically deep, dark inside because I had been living very much outside of my body for a very long time just to cope.

And I knew that the only way out was in right to go through this process. And I even reconstructed my major of biology and chemistry to, psychology and biology.

And at that time, in 1991, no one knew of the term psycho neuro immunology. But that is basically what I created, a self constructed major around. And so the work of Candace Purge and Bruce Lipton, I was running across their work.

I was running across the work at Muschamp, which happened to be, you know, a colleague of Louis Pasteur was during his time. And we all went down the, the rabbit hole of, of, you know, the organism causing the problem versus the terrain causing the problem.

But Beauchamp was the champion of the terrain, and his work resonated with me. And the work of Nina Bissell, a huge, extracellular matrix tumor microenvironment researcher in the 1980s, work I stumbled upon and it spoke to me and my accidental findings of Otto Warburg and his discussions around cancer as a metabolic disease, starting at the level of the mitochondria, and that sugar was a big driver of this.

So those pieces aligned. There were no accidents. I had no pretense that this was anything but divinely guided, believe me, to this day. But those pieces all came in for me within a matter of months from this terminal diagnosis.

And I've been off and running and digging deeper and learning ever since. And everyone just look at this woman. You are one of the most vital, healthy, dynamic women I know.

And so it's such an inspiration from, as you said, you were looking at transitioning off the Earth plane. And here you are. So there is always help. Yes. And obviously you I believe we have journeys and gifts.

And so you were given the gifts so that you can then share with others, which you are doing in a prolific and but wonderful manner. So, wow. So you have so many interesting things.

And I know you have this term that you talk about the CDC, and we're not talking about the center for Disease Control. We leave them at this summit. But what is the CDC mean to you, and what does it mean to the women listening?

Sure. Well, what I think is so interesting is the CDC that most of us are familiar with the center for Disease Control. Only a few years ago, it was known as the Center of Disease Control and Prevention.

That has sort of fallen off. We don't say that anymore. It's not part of their moniker anymore. So that should probably alert your brain to something like, hey, what?

What happened there? But for me, what I realize is, like the way we approach health in our culture is we basically don't. We basically wait until, you know, you always use the term or the sort of analogy that we should be addressing the smoldering embers in the basement long before it's a house engulfed in flames.

But our current medical system, and even the CDC that we are all familiar with, waits until the house is engulfed in flames. And then they don't ask, why is the house on fire?

Like, those are the things that literally, in my paradigm shift of that quantum healing experience, I had it, you know, 19, 20 years old, that is when I stumbled upon the idea that I wanted to understand why.

Because understanding the why helps you carve your way through, you know, any challenge and come to the other side, whatever that may mean for you. And so the thing that I've kind of learned or created and seemed to be most helpful in my career are my version of the CDC first one being circadian rhythm.

Okay. This is so instrumental, even to the point where it's one in, what, 2017, I believe is when the Nobel Prize in circadian rhythm, medicine, you know, came to be.

So we know that there's validity to it with regards to how it's being studied in the sciences. And but we're not applying it at the bedside. We're not applying it to the human population.

So we were like, yep, it's a problem if you're up past 11 p.m. at night and it's a problem if you're in front of blue screens at 3 a.m.

Circadian rhythm and seasonal living

and it's a problem if you've got light coming into your to your sleeping space, and it's a problem if you're eating out of rhythm of nature or the season or the time of the day, we know that because we have all these cool little clocks within every organ of our body, every tissue of our body, every cell of our body, and it's not just through the light coming through our eyes or our pineal gland through the center of our forehead.

That's keeping track of the time. But literally, you could go to bed at night. People likely wear an eye mask, but if your fingertip is sticking out and there's a light, you know, a blue light coming in from a device in your room that is sending signals throughout your entire body.

So it's not enough to wear an eye mask, right? You really have to take these chances. And so we have enough scientific data to show that this is really important to consider.

But we don't really teach people how to apply it, how to make it actionable. So circadian rhythm is one we definitely address. We take a good history about where people are and their sleep patterns, or their bowel patterns or menstrual cycle patterns, their hormonal cycle patterns, how they live and function.

Do they know when a full moon is? When the waning waxing of the moon? Do they pay attention to the season changes? Do they change their diet or their lifestyle with the season changes?

These are things that we really need to take into consideration to optimize our health. So there's that piece and then it segue into yes. What would be some of your most actionable tips for circadian rhythm that you could share with us right now?

Because I know there's so many things that women can just start doing on their own. Yes, yes, yes. I mean, first of

all, like on your phone, on any of your devices, get those F.lux apps or some of those, things that change the light of your screen with, you know, it knows your time zone, it knows your sunrise sunset.

So the color of your screens will change and it will change to match more of what you're being exposed to naturally in that time of day. So it kind of wipes out a lot of that blue light exposure.

I'm wearing my blue blockers right now. They would normally be more orange as I'm heading into the nighttime here where I am speaking from, but it's hard for you guys to talk to Bono, you know, through the screen.

I've got my f.lux going on my screen, I've got this. So I do the best I can. But the second we're off this call tonight, all the lights in my house go red. I wear red lenses.

If I'm on the computer at all. After sun, sunset, sunrise. So that's one of the things is make sure you are protecting your your body and your eyeballs from the, out of sync exposures to too much blue light.

So that means you can blacking out your room, make sure you're covering all of the, you know, turn off any electrical devices, cover them in black tape, you know, electric tape, if you have them, if you can't move them out of the room, preferably unplug everything.

You know, things like that, you can get kill switches in your room as well to turn off the the electric gradient in your room at night. Those are some options.

And then one of the easiest, cheapest is get out and watch the sunrise every morning and get out and watch the sunset, because that exposure to that frequency of light at those times of day are resetting very ancient, primal mechanisms throughout your body and sending all kinds of beautiful chemical baths into your cells that help everything sort of sink, recharge, revitalize, beautiful. Yes.

And it's just such a nice ritual to take. Part of it really connects you to the earth. Like, oh, here comes the sun. Another, another day is dawning I, I play Good Day sunshine by the beach for my granddaughter.

And that's now her favorite song. And we can watch the sun rise. And her into the circadian rhythm jam from the get go. Why wouldn't we have all been way in better place?

David, we had you as our grandmother. Okay. And then what do you recommend for seasonal eating? Yeah. Yes. Well, it depends like right now I live in the tropics, so for me, my eating patterns are very different here than when I lived in Durango, Colorado.

Right. So I eat very differently based on what is local and available and seasonal to me. And each time. So look into there's all kinds, like if you even get the sunset magazine, they talk about what's growing and what seasons around the country.

So you can literally go through and look at their little maps and be like, oh, I live in the desert southwest. So probably this time of year, the foods that are most, you know, likely to be growing in this time of year in this climate are X, Y, and Z.

And that's where I should be putting the the main focus of my eating habits. You know, like having a papaya and Durango, Colorado at Christmas is not in sync with our our genetics, our circadian rhythm.

Just like me trying to eat, say, a pumpkin here and, you know, Mexico, in the summer is not in sync with those types of things. So those are the types of considerations you want.

And then getting to know your local farmers, your local ranchers, your local orchard is becoming a member of a CSA. They do that for you because they're the folks out in the fields knowing what's going to grow, what what they can nurture to grow most easily is what's going to be seasonal and local.

So those are some little strategies you can play with right there. Yeah, yeah. Here in the desert we're like hot, hotter and hottest. Really. Exactly. So hot on you.

You know that's why you can get away with maybe a little more raw food. In a hot, hot climate. Then you can, you can say in Montana, you know, in the winter, like, you should not be like even the temperatures that the energetics of your food should match the season in which you're eating.

Absolutely, absolutely. Okay, let's move on to D. Well, it's a good segue. So diet doctor diet, diet, diet, diet and a little kind of, flow over from the circadian rhythm is we're actually starting to learn that it's probably isn't as important of when you're eating versus what you're eating.

So a lot of us can get hung up in sort of food dogma. That's really easy to do today. Like, be a carnivore, be a vegan, be a, you know, keto, be prime.

All of the above. Like all the things and those, of course, depending on the individual at the right time and place, a lot of different diets can be therapeutic and have great impact in certain areas.

But the timing of what you're eating is becoming really interesting. And I really like this sort of adage that Michael Pollan, who's, his book Omnivore's Dilemma, his quote that I'm probably slaughtering just a little bit is basically like, eat mostly plants, you know, or eat eat well, mostly plants in moderation.

Like, that's just like a general rule of thumb. And when we look at the common denominator of the octogenarian and the centenarian, the blue zone people, and we look at the common denominator of a good diet that's going to give you the building blocks to repair from a severe illness or surgery or injury.

And we look at the nutrients that are required to help your DNA repair and hum along. The common denominator is that we're all eating too much sugar and need to take that out of the building.

And what we call today low carb was normal carb 100 150 years ago. So even our idea of low carb today honestly doesn't cut it in most scenarios, and especially in the cancer in patients when we know that it's 70 to 90%, depending on who studies you're looking at of cancers are very glycolytic in nature, meaning sugar hogs in nature.

Everyone does pretty well by cutting out sugar as much as possible. And sugar, despite the, information I hear out there in the the the world around us, we eat the big interweb.

Sugar is sugar is sugar. It doesn't matter if it's coming from a potato, a candy bar, honey. You know, agave, a piece of fruit. Like it drives me nuts.

In fact, when I hear people say, oh, well, it's a different type of sugar, it's like, okay, let me just cut that bullshit right now. Like sugar turns into, you know, turns into different things in your body.

It's going to convert whether it came from an apple or a candy bar or honey.

Diet, sugar, and metabolic flexibility

You have to be mindful of that. Because at a time 150 years ago, we had to work very hard to even get a little bit of sugar right, to to grow tiny little bitter tart apples.

It took a lot to grow and harvest and find those. When we were in the, Hunter gatherer phase. And it took a lot of physical energy output to find those and harvest those and eat those seasonally.

Mind you, in the fall when we need a little extra, sort of, you know, fuel for the winter months, those are the types of things. And but today, those types of things are bred to be giant sugar bombs.

Everyone likes their great big, you know, gala apples that are like, the size of your head. And we can get them

every day of the year. You know, all of the time we've changed our food habits drastically in the last hundred and 50 years.

So that's one area we can can really, agree upon as too much sugar. And so things like chronometer or my Fitness Pal or any of those, nutrient counters, macronutrient counters are very good tools because everyone tells me, oh, I don't eat any sugar until I have them play with those tools.

And they start to realize, oh my gosh, by the end of breakfast, I've eaten three days worth of sugar. So a standard American breakfast today that's considered heart healthy Ada approved is super high in carbohydrates and not good for any of us.

So those are the examples of that piece. The other common denominator is, you know, vegetables, vegetables, vegetables, vegetables. We have this thing telling us to eat, you know, five servings of fruits and vegetables a day, but who's going to go for the vegetables?

They're all going to go for the fruit. So you really need to say, you know, for me, I encourage patients to be taking anywhere from 9 to 15 servings of vegetables a day.

That is what we're pushing in our patients dealing with cancer because of all of the various chemical components, constituents of those beautiful plant foods that pull and push and pull all types of levers in the body to help the cleanup process and the cell differentiation process and the repair process happen effectively and efficiently.

And then depending on the person's metabolic health and metabolic flexibility, maybe some of us can get by with a little more fruit or a little more grains or legumes, but that is dependent on the individual at the time. And that's not a guessing game.

It's not a dogma of eat this, not that. It's a test to assess, address, and see what that person needs at any given time and see how you probably need to bring in a little bit more lower carbohydrate living.

Or maybe you need to eat in a more narrow window, or maybe you need to do some extended fasting to reset the circadian rhythm and to reset the metabolic rhythm within your body.

And so food can be your best medicine or your biggest poison. And there's so much misinformation out there in nutrition, and it's so charged with emotion that I think if people gather more around common sense and just being aware of what they're taking in, know their macronutrients, do some basic labs, you will start to realize that you probably aren't eating as healthy as you thought you were.

So what would you recommend for test assess address for the listeners how they how they could know whether they're metabolically flexible and what they can or can't tolerate?

Perfect. Well, the first is just a few questions. Can you go longer than a few hours without a meal or a snack? Ultimately, if you're metabolically healthy, you should be able to finish dinner at, say, 7 p.m.

and not need to break your fast except for with water, plain water, nothing else. Maybe plain black coffee or plain black tea? Nothing else in it. Maybe an herbal tea, nothing else in it.

You should be able to go 13 hours with nothing else and feel good, right? Right now it says that 88% or more of us are unable to do that. 88% of Americans do not have metabolic flexibility, do not have metabolic health, which means less than 12% of your listeners right now would be able to comfortably do that without, you know, freaking out a little bit.

So that's what your goal is at your first starting point. But if you're someone who's like, okay, after four hours, I get the kangaroos, or I get cranky or shaky or kind of spacey, that's a clue of metabolic brokenness.

If you have to have a snack right before you go to bed so you can sleep, well, that's a, that's a that's a classic

symptom of a metabolic brokenness. If you have to get up in the middle of night and have a snack so you can stay asleep, that's metabolic brokenness.

If you have to eat something the second you get out of bed in the morning, that's being metabolically broken. So those questions are really important to ask.

If you have a personal or a family history of diabetes, pancreatitis, polycystic ovarian syndrome, cancers, dementia, especially Alzheimer's. Alzheimer's is known now as type three diabetes.

You likely have metabolic syndrome patterns, either already full force or brewing significantly. And then labs like your insulin, insulin should be under five for a healthy individual, under three for a cancer patient.

Insulin growth factor is something we test in patients because that's one of the primary growth factors for tumor the theology. So we want that as low as possible.

And then hemoglobin A1C we call a cutoff of 5.6 pre-diabetic. I will tell you right now if you get over 5.25.3, you're already diabetic. It doesn't go away on its own.

So we want our patients under five on hemoglobin A1, C, which is the average of your blood sugar over three months. Because what you're measuring with that figure is oxidative stress.

And like oscillated in products which are in essence aging you and rusting you from the inside out and setting you up for all kinds of chronic illness, not just a cancer process.

So those are the things that we like to look at for folks right away to see how their metabolic health is. And then the beauty is you start with wherever you are and work your way towards that optimal place.

Ideally, I'd love to see people fasting every day for 13 hours and then once or twice a week, 16 to 18 hours. Push it a little bit and then once a month, three days.

That is how even folks like the longevity researchers such as Doctor Valter Longo, he even shows that doing a five day water fast twice a year is about your biggest fight against cancer, one of the best cancer preventions out there, and that's like a routine in my life that is my world.

I do a three day water test every single month. Quarterly. I do a five day water fast, sometimes longer, depending how I'm feeling, because it feels great when you hit a certain zone.

And then I do. No, no, I do not eat, outside of 13 hours. Like, that's the least amount of time I spend. But typically 16 to 18 is pretty standard for me.

My body has adjusted to this really easily, and I actually feel the best when I'm in a more, fasted state. I'm at the most clearest in my mind, and my spiritual connections and how my body feels and how I'm moving through my day.

And when I nourish myself, I nourish myself with the highest nutrient density out there and enjoy. I'm a huge foodie. I like to eat, and so for me, it's not about starving myself.

It's about when I'm eating the timing of it. And so I try to also eat in the daylight hours. So that's my trick is I'm also trying to get make sure I'm eating when the sun is up.

It's kind of a simple strategy. And people like such and such and Patel and some of the others in the circadian rhythm world, and people like Valter Longo, those are their recommendations as well for the sort of longevity masters out there.

These are some of the simple and cheap, even free strategies you can start to utilize. Absolutely. And that's just an

old Ayurvedic eat your largest meal when you're Agni is high in the daytime and so and it's it's can be difficult because societally we do so much at dinner time and I'm always like, well, can we meet for dinner at 430?

I'm the same way. I'm the person. Like, if you want to go have dinner, let's go early and then let's go and do so, like walk or dance or do something, you know, different after that or have a big brunch like I'm a brunch girl.

Like that's my favorite meal of the day if we were doing this, you know, because that is we have to sort of structure our social role. I love that you brought that up because it is it's difficult, to live within.

So sort of the social construct when food is such our love language and our celebration and our human connection. And so finding other ways around the timing of your food and the celebration of your food could be really instrumental to your health.

And that of your loved ones. Absolutely, absolutely. I love that. And so the last see is community begets love. Do I have this exact lead? That's just it is the the main common theme, like a lot of people look at blue sounds, for instance, and they think, oh, it's what they're eating.

But what the research has actually shown is it's actually when they're not eating that the Orthodox Christian community, Greek Orthodox Christian community fasts does intermittent fasting up to 225 days a year.

So that is where all the like, oh, it's because they're eating beans or they're eating fish or they're doing olive oil. Now, I'm sure those things have impact, but what has the biggest impact is the amount of intermittent fasting you're doing.

And it's tied around their community and their spiritual practice. And so and even Sharon, you brought up, I thought it was so beautiful. You brought up the IRA Vedic piece because this is ancient, this 5000, 6000 year wisdom going back that has been employed and it was woven into the cultural people.

And no one questioned if you needed to have your heaviest meal. The early part of the day was just was, you know, everyone, just like it was common sense of how and when we did these things.

So I think that's a really interesting piece here. But those blue zones, one of the other things they have in common is the amount of time they spend in community, the amount of time they share in the meal.

A meal is not just start scarfing down as fast as you can what you're eating to get onto your TV show or or, heaven forbid, drive it in your car while you're eating, while you're multitasking, or while you're watching Netflix or whatever.

They focus on each other. They're with each other, present with each other, and they're present with their meal. And they take the time to savor and enjoy, and it becomes a very sensual experience as well.

And so the community piece is ginormous and that these communities thrive. They don't get shunted into nursing homes and forgotten about. The elders are deeply embedded into the community, and they're part of a thriving community.

And the young are, you know, not not to be seen, not to be heard. They are just as integral into the relationships of it all. And you're a tribal approach to how we child we're and support each other.

And there's walks, you know, they're constantly walking and out in nature and they're in the gardens and they're, you know, up late having coffee at, you know, at night and sleeping just fine getting through it.

It's such a different richness.

Community, menopause, and aging well

And we know so much of how, community impacts us. In fact, one of the saddest things we've seen in the last 4 or

5 years in the United States is we are the only westernized country that is losing longevity worldwide, where the rest of the world is either stable or improving on longevity.

And our scientists call it the era of despair. And I just was reading a very sad article, just maybe a week ago, that shows that, death by suicide and death by opiate overdose, which are the driving causes of why our longevity is diminishing in this culture, in this community, has exploded in the time of Covid, in the time of further isolation and the time of further shutdown and of course, of course, that's how it would be.

And so in our world, where we are taught to just keep your Facebook profile happy and shiny, but behind the doors you're a hot, stinking mess and you don't feel comfortable to reach out to your community.

That says something about the state of the world today. And so things like what you're creating, Sharon and your online communities. I love your your brand and how you get out there and empower and inspire women.

We lean into each other because we if we didn't, we would believe the bullshit that the, the, the mythology around that we are former shells of ourselves as women, as we transition into menopause and that we suddenly are irrelevant, in the world as women, when we stop being able to child where or when we start to see changes in our skin or in our breasts or in our, our our bodies, and yet in every other culture from the beginning of time, this is when women are most revered.

And yet in our culture, it's when we are sent out to pasture. And so what you're doing is helping women lean into each other in this time, where otherwise they would be left feeling abandoned and disconnected.

And what you're creating here is helping people remember that this is a natural transition and part of our body, and we can thrive in the midst of it and support each other through it.

And a beautiful transition. It's an honor and a privilege to age. Yeah, yeah it is. Especially Sharon, when you never thought you'd see the end of your 20th year on this planet.

And so a perspective for folks, if you have ever faced your mortality, you celebrate every gray hair, you celebrate every wrinkle, you celebrate every chin hair, you celebrate every you know, change in your skin texture.

And you are grateful AF for it every single day. And exactly I know I I've got my, you know, red heads. We go, we go blond. Although I've got like six really silver ones.

I'm like maybe God just maybe I'll because I've always wanted that silver super shiny. It's not normal for a friend, but I'm like, maybe these six will call in friends and they'll be more.

In love. And it's just like, I earned this, I earned this. Yeah, absolutely. Absolutely. So important and so, so important. And so I like your CDC a lot better, a lot more hopeful, perhaps a little more, empowering and inspiring, perhaps.

I would hope. Yeah. So I'd love you have such an amazing two books that I want to just briefly touch on, because they're so powerful, and I want the women to know about them.

So the first one is your terrain ten I know we don't have time to go through, but could you just maybe rattle off the terrain? Ten if you want to give a little tidbit on any of them, that would be fantastic.

Definitely. So the metabolic approach to cancer that I coauthored with my friend and colleague Jessica Kelly just hit its five year birthday. So we're very excited and proud.

And it still keeps coming up to the top or the bestsellers on Amazon all of these years later, which tells me it's still very relevant. And my husband always says that it should be called the metabolic approach to everything or the metabolic approach to health or wellness.

Because even though cancer is on the title, I think that somehow deters people from reading it. Or it's like that. They don't want anything to do with that.

But it really is about testing and assessing your own body, whether you have cancer, whether you're preventing cancer, whether you're preventing a cancer recurrence or that you're supporting a loved one through the cancer process.

And we start out with helping people do an assessment on their own. Ten drops in the bucket, which are your epigenome, meaning what propensities have been passed down for generations from your bloodline that you have the control to change.

FP means above the genes. So just because grandpa died of a heart attack and dad died of a heart attack, doesn't mean you're going to die of a heart attack, right?

Those are those propensities that you can change up. You can start ventilating and supporting your mitochondrial health so you don't meet that same demise.

The second drop in the bucket. We spent a lot of time on metabolic. That's you're what fuel are you putting into your body to drive the the production of energy in your body, as well as the health and well-being of your mitochondria, which are the energy powerhouses, but also in charge of taking out the garbage is something called apoptosis.

And so when you are jamming the, mitochondrial pathways with too much sugar, you're basically not able to clean house as easily and readily and damage those mitochondria further.

Third, drop in the bucket toxicants. Sharon and I share a, a dear mentor and friend who's past, Doctor Walter Crennan, who when we took his course of environmental medicine, all of us wanted to jump off buildings at the time.

And that was back in the 90s, for crying out loud. It's gone way worse since then, but really, it's not. And Walter always said it's not a matter of if you have toxicity, it's how bad is it in your constitution.

And so we want to address that. The fourth drop is microbiome. I mean, as nature passed, we've always been like the, the, the professors of poo forever and like focused on these pieces.

Right. And everyone thought we were neck and thoughts. And now it's one of the hottest places in research and science. You know, science out there, is the health and wealth of your microbiome.

And so all the different things that impact that. The thing is your immune system. Hello. If you unless you've been living under a rock for the last two years, you know that your immune system is a very important player in all of this.

Number six inflammation. We are an inflammation nation. We all die of inflammatory disease process today versus infectious disease processes. And so that's something that we take into account when we're doing the assessment.

And then circulation oxygenation, angiogenesis is kind of a whole like how the blood is moving through your body. That's a drop in the bucket. The other one is hormonal health and modulation.

Very key, to what Sharon's talking about here. And a lot of us were swimming in a terrible bathtub. A really bad exam. And you know, estrogen hormones that do not, look anything like our normal hormones.

Yet they're far more, challenging that they they bind to our receptor sites far more than our natural hormones do. And so we then have a lot of women who are also, you know, out of sorts because of all those hormone, you know, hang ups, this hormone congestions that are happening from all these things, from plastics and, you know, parabens and whatnot in our environment and in our food supply, that's, you know, being, you know, hormones and whatnot given to animals to fatten them is coming into us as well.

And so they're just sort of soggy with, with improper hormone. Modulation. And so we do a deep dive in assessing that and then circadian rhythm. We talked a lot about that today. That's the stress response.

And the way your body is in rhythm with itself and with nature and with those around you. And the 10th drop in the bucket is the mental emotional. And I alluded to that a lot.

And the ace score and the adverse childhood events. But really, any trauma at any stage of your life can really wreak havoc on the way your body handles.

You know how resilient it is to a disease of all kinds. And so we really do have to work on the mental emotional components to thrive as well. So those are the ten drops in the bucket that the book dives deep into a chapter.

Terrain Ten and mistletoe therapy

On each of those. You can do your own assessment, see what your priorities are, and focus there to help support your body, to be able to handle whatever transitions it's met with in life.

Right? And that's why I wanted to bring it up, because we're talking about menopause. But all of these things, just like your husband, your wife's husband, who I adore, said that it's really the approach to everything because these are the underlying factors.

And whether you're developing a cancer or you're developing diabetes or you're developing Alzheimer's, these are the things that we as naturopathy physicians always go back to and always look at.

And so, so and so. To finish off, I would just you have a new book and it's one of my favorite topics. And it's about mistletoe, which is not very well known here in the States.

So I would love if you'd give the listeners a quick little overview of why you read this book and what mistletoe is and what it means to them. Well, one of these is the another reason why Sharon and I love each other is we both have this passion for German medicine, anthroposophical medicine, bio regulatory medicine, terrain centric medicine, which is very well rooted and established in Europe.

You know, for the most part. And so as is this therapy that's been used for over 100 years as a support therapy and a direct therapy for cancer, it has a long track record.

If you have cancer and you live in Switzerland or in Germany, you have an 85% chance that you will be offered and given this therapy, mistletoe extract.

Or if you live in other parts of Europe, you've got somewhere around a 60 to 65% chance of utilizing it. It's relatively unheard of in the United States, though.

A clinical trial phase one clinical trial just finished up at Hopkins, despite the fact that there's hundreds of clinical trials that have happened around the world.

But until we put our stamp on it in the US, it doesn't exist. So but I'm grateful for it because hopefully that will change. And part of what led to this book is that this is the most studied and most well vetted and well revered integrative oncology therapy in the world.

And the fact that it's so unknown in North America, you know, for the most part, we wanted to change that. So myself, along with six other coauthors, that between us, we have almost like 300 years of experience with mistletoe.

It's ridiculous how how seasoned. I mean, we have one fellow's been at it for 40 some years. Right. I've been using it since about 2003. And so we wanted to write a book that really was a steward of this plant and of this medicine, and to give it sort of a best practices and a well, well-researched, well referenced, scientific explanation of this.

So the naysayers and the doubters can go back and read that very compelling data that shows this, but also the stories that all of those clinicians and myself, the coauthors of this book, have seen and cataloged ourselves in real time.

Like, I don't really care what the study shows, as long as patients are getting better. And I'll tell you right now, your patients don't care either, as long as they have an opportunity to get better.

And so if I had to choose a single therapy for my patients dealing with cancer, this would probably be it. And what why this is relevant to our conversation today is with or without cancer.

One of the things that the anthroposophical physicians and those in sort of the vital mystic medical practices have come to understand is disease is a loss of rhythm, is a loss of of connection to self, spirit, other and to the rhythm of the world within them and outside of them.

And Rudolf Steiner and many of the others in the anthroposophical world and anthroposophical philosophies believe that mistletoe is basically has co-evolved with us to help us restore the rhythm.

And so I see that I see patients circadian rhythms improved. I see their metabolic health improve, I see their hormonal health improve. I see their overall quality of life improve.

In fact, I can't think of a single drop in that to rain. Ten bucket that mistletoe does not have a direct hand in changing all the way down to the microbiome.

The epigenetic switches, the mental emotional components. There is have been there's been research on each of those facets. So it is a fascinating topic.

The book mistletoe and the Emerging Future of Integrative Oncology, again, would probably be a great read because even folks who aren't dealing with cancer have given us feedback that it was a very valuable book for them to understand a medical philosophy around this as much as the therapy itself.

And so I hope that those books can offer some you just some guidance and perspective while you're making your own quantum shift, your own quantum healing into this next phase of your own life.

And yes, just having the knowledge I've been prescribing mistletoe also since 2002, since I went into practice. And I always tell patients like it if you're overwhelmed or you can't do a lot or you can't afford a lot, mistletoe is the biggest bang for your buck.

And this is what I going to use with you, because you're going to have such a global, as you said, you're going to hit all those terrain ten. And so it's just such a powerful and it's such a beautiful plant.

And because connecting and Rudolf Steiner and anthroposophical medicine is such beautiful and I just talk about it, it makes my heart sing. It's just so lovely.

And it really embraces who we are as human beings. And that's all facets of our humanity are addressed with that medical philosophy, which is also like, if you've ever heard of Waldorf Waldorf Education, that's a Steiner teaching.

You got to say that my granddaughter starting Waldorf in the IT. I want want to have a do over and go to Waldorf school. Like I'm telling you, you know, like, don't you need a teacher?

You need me to come and help. I love it. That's such a treat. Gives me chills to know that and that they're building. The Waldorf is coming back in vogue and helping our kids, connect with nature.

Because, my gosh, we're taking them so far from it today with our technologies. That to me, I think our only chance is something like a Waldorf or a montessori, an approach to education to help remind them that they are part of a larger organism.

You know that they are not just like a finger and a cell and a screen or, you know, out there interacting with the world that it takes you so much back to that perspective.

It takes us back to that CDC that takes us back to, cultivating a good terrain that takes us back to connecting to self and other and to restoring and establishing our own rhythm.

So I love those pieces that, you get to watch these little people in your life that you get to steward through. It's just incredible. Like I said, I would I would love to go back and have a do over of those things.

Think about how awesome we'd be had we started out that way. And I just know in practice, especially when I had my in person, clinic for many years, I could always because I did a lot of pediatrics and I could always tell that's a Waldorf child.

That's a will have a different presence and a different being and a different connection. And it is because it has fostered the connection with themselves, with nature and so on and so forth. So it is. Yes.

It was a, you know, let's have a shout out for Waldorf here. Indeed. I'm God. So good. Well, I'm sad our time is up. This has been fantastic. You just bring so much beauty.

So much hope, so much wisdom, so much knowledge, such a wide range that we covered. And I'm just so grateful that you were here and able to share with the ladies and the listeners of the summit.

So thank you so much for being here. Do you have a free gift for the ladies so they can hang with me more and learn more about you? I definitely do. I want you to be able to have a tool that helps you explore your own terrain and get a sense of where you are currently.

So you also have a roadmap for where you need to go to optimize your own health and your own transitions into various aspects of your life. Fantastic.

Thank you so much. And, I just adore you and love you so much. So thanks for being here and everyone. I hope you're just my heart is lit up and just beaming, and I hope you're all feeling the same way as they heard mutual hug.

And you're going to want to listen to this one again and again and again, because there's so many. I mean, you could just take so many tidbits from this and just change your life entirely in a positive direction.

So thanks all for being here. And we'll be back again with another interview shortly. And until then, be well and stay rhythmic.