Introduction and guest background

Welcome to the summit. I'm your host, Doctor David Jockers, and I'm excited to interview my guest, Doctor Nasha. Winters. She's a friend of mine and she is one of the leading minds when it comes to natural strategies to heal cancer naturally.

She runs the Metabolic Terrain Institute that you can find at MTIH.org. She also runs Doctor Nasha and you can find her Doctor Nasha, drnasha.com, and she is the founder, CEO and visionary of Optimal Terrain Consulting.

She is nationally board Certified Naturopathy doctor, licensed acupuncturist and a fellow of the American Board of Natural Path Oncology. She was all over the world training physicians in the application of mistletoe therapy and consulting with researchers on projects involving immune modulation via mistletoe, hyperthermia, and the ketogenic diet.

And she wrote a book, coauthored a book called The Metabolic Approach to Cancer, one of the absolute best books on the market when it comes to really understanding cancer and the best natural strategies to heal cancer.

Again, the metabolic approach to cancer. Great book to get. And we're going to talk all about cancer and longevity, how to thrive in the midst of a cancer diagnosis, a lot about mindset.

And then also, of course, practical application things you can do to be healthy and well. This is a a key talk, a key interview right here. And if you really want to understand longevity and how to give yourself the best chance to live long and healthy well into your 80s, 90s and even into your hundreds, this is an interview you want to listen to.

So without further ado, let's go into it. Well, Doctor Nasha, always great to connect with you, and I know you're one of the leading minds when it comes to natural oncology, natural cancer, holistic approach, just really understanding what cancer is.

And so I'd love to start there. And really this idea of like how would you qualify longevity in general and in particular with cancer. I love this topic.

As I told you before you started recording, I think it's really important because often what happens is somebody gets this, the almighty see, you know, gets met with that.

And somehow their belief systems because of how our culture perpetuates it. It goes immediately into terror and immediately into I'm going to die. And it's just a matter of moments where that happens.

And so we make some assumptions that our longevity is somehow tied to this particular diagnosis in a really kind of fragile way.

Longevity, cancer fear, and diagnosis mindset

And so I want to I love that we get to start there with this. And so first of all, remember that the actual Webster's Dictionary definition of longevity is a long duration of individual life continuance, permanence and durability.

And when we hear that, one thing that happens in my mind is there's that concept between quality and quantity of life as well. And so there's that piece.

And then also the concept of longevity when you're given a really intense diagnosis such as cancer. What do you think happens is folks actually forget.

This is why I love that you're doing this summit, that over 93% of us are walking around on this planet with dysfunction in our body that actually is contributing to poor longevity.

That will surprise people think people will think that's cancer at the top of the list. But it's metabolic fragility, metabolic inflexibility. And so I think that this is really important to know.

The other thing on longevity, before we tie it into specifically to cancer, is that in the United States, for the last 5 or 6 years, I'm sure you have somebody spoken to this longevity has is faltering.

We're the only developed, westernized, modern nation on the planet today where our longevity is not only not improving or staying the same, it's getting worse.

And we thought it was looking bad and we were commenting on this back in 2017, 18 and 19 when we started noticing this trend. You can imagine how much worse it's gotten since then.

And so this really opens up our conversation today, which is what scientists are calling this long issue, this loss of longevity, the era of despair. And I, I even say that and it just it weighs heavy on my heart because the very diagnosis of cancer can lead to despair.

But people often forget the chicken or the egg scenario which came first. And so I think that's where it will. We'll spend some time today about how this concept of longevity and cancer, where the two shall meet, maybe what came before that diagnosis and what we can talk about to empower a different outcome.

Yeah, it's a great way to start. And, you know, most people in our society when they think of cancer, they just think this is a death sentence. And the idea comes like, why me? Right.

And that's usually what comes into people's minds is why me? Why now? Especially if somebody is young and unfortunately they're not really giving good advice or, or a lot of encouragement oftentimes from the medical world.

And there's also they also have to to manage a lot of emotions from the people around them, loved ones, friends, family who have heard different things about cancer, or maybe they've had a traumatic experience with somebody else.

So they have to manage those those things as well. Yeah. Yeah, I boy that that piece right there is ginormous. In fact, when we have a little freebie handout on the five steps when you've been diagnosed with cancer or a recurrence of cancer, the first one is actually breathe and be still and get very quiet into yourself and into your spiritual practice because of exactly what you said.

There's a lot of of well intended advice swirling around you. There's a lot of really bad advice, and there's a lot of this very fear based dynamic that's floating around.

And so when we are in a state of duress, we aren't unable to make good choices. We're unable to be clear in processing our emotions and what's going on for us.

And we're easily distracted or swayed by other people's concerns. And so you've probably run across this, I know I have where I have a patient who's who's very, very clear that they want to take a moment and think about a different approach to their cancer diagnosis.

Maybe they're looking at doing something entirely different than what standard of care has to offer. Maybe they're looking at incorporating some things with what standard of care has to offer.

And they may be getting the well-meaning advice of a lot of people close to them, their medical team, specially their family and their loved ones saying, you can't do that. You have to do what the doctor says.

You have to do this thing, and we'll tell you right then and there. That can be some of the most dangerous territory.

Cancer as a metabolic and mitochondrial disease

We treat cancer, the diagnosis like the medical emergency, but the diagnosis, the energy around the diagnosis is the emergency. And what will help you shift.

That is the way you meet those initial three words of you have cancer actually does determine very much. So your longevity, your prognosis, and your ability to meet this in a very different way.

Yeah for sure. Now what's your perspective on the cause of cancer or cause is I should probably should say. Sure, sure. Well we then under this belief system and then medical system that really surrounds it of cancer is a disease of bad luck, a disease of the aging that it's a genetic disease or what's known as a somatic mutations disease.

In fact, we've been following this path of somatic mutation theory since 1914. Doctor Fedora Boveri is who sort of put that into the world around us. And that is where we've put all of our energy, all of our money, all of our research.

And it really picked up momentum in the 1950s with Watson and Crick finding the DNA helix. And so that's where we put our energy, despite the fact that our research suggests that this is not, in fact, a genetic disease, or at least that's not the starting point that we're being taught.

So get an example of how we learned that as we've had multiple studies, multiple repeated studies over many decades, that that looks at something called a DNA, a nuclear transfer study.

So basically think about having two cells, one cell that's a healthy cell, one cell that's a cancer cell. And then in that side that cell is a little like hard drive right.

It's the nuclei. It's where the, the the genetic material is stored. And so if this was truly a genetic disease, we could take the nuclei out of the cancer cell and replace the nuclei of the healthy cell.

And if this was genetic, we would turn that cell into a cancer cell. Vices. Versus if we took that healthy nuclei out of the healthy cell and we replaced the nuclei of the cancer cell, we should be able to correct and return that cell into a healthy cell.

That doesn't happen. What people like Doctor Mina Bissel, all the way from the 1980s and many, many others researchers along the way have found is it's sort of like what that nuclei that hard drive is sitting in.

What's it floating in? So that's the cytoplasm, the jelly, the swimming pool within the cell. But even more specifically, the organelles that are in charge of what we initially thought were just in charge of making ATP, just in charge of making energy.

Those are our mitochondria. And we thought those little buggers were just about making energy. But we've since learned that they're a sensing organ, that they are actually taking in all the information around them food, light, you know, toxins, medications, thoughts.

You know what? Like all the things that's taking it in this beautiful receiver, this beautiful antenna, it's making sense of that information and sending signals out into the body.

So that is where we're really seeing that when those get damaged, when they get sluggish or gummed up or or damaged or killed off, we then become more susceptible to DNA damage.

Those can be problematic. So that's something for folks to keep in mind. And then interesting, they're in charge entirely of a program cell death. So when they do sense that there are some damaged cells or deranged metabolic processes happening in some of the cells, they should respond to them and help clear them out of the building.

All right. So that's where things start to go awry and where things like cancers take place. And then even more interesting in all of the field of people are spending billions of dollars a year on longevity and anti-aging products

and anti-aging medicine.

And the craziest part is our long is 100 pendant on the health and wealth of our mitochondria. And that is where we make the link between cancer and longevity and the mitochondria.

And all of this is because basically you can have cancer and thrive with cancer. You you weren't thriving until you realize you had cancer. But once you've learned you have cancer, you can turn that around and thrive with cancer and change this out, because that's where your longevity is going to be coming from, is you're tending to the health and wealth of those mitochondria.

So that means whether you have cancer, whether you have other chronic illnesses, you want to focus your attention on priming and supporting and creating resilience and regeneration of your mitochondria.

And this is why we're having this conversation. And the dozens and dozens of guests that you have coming on talking about this over and over of the simple things we could do to make those mitochondria hum.

Yeah. That's good. It's a common link behind really all chronic degenerative diseases is some sort of mitochondrial dysfunction, are not turned on, not properly expressing themselves or in a sense, I guess you could say they are properly expressing themselves for the environment that they're in.

They've adapted. It's an adaptive physiology, yes, but that adaptive physiology isn't set up for your long term health. And so you need to, in a sense change the environment.

So that way those mitochondria now to help promote long term health. Exactly. And that's what I think is so cool is when you change what's happening inside the cell and the cytoplasm, you change what's happening at that mitochondrial level.

And the cycle pathway is that this is happening within those little organelles. You can change the response to many therapies. You can change the response to epigenetic turning on and turning off processes.

You can change and upgrade your resilience and your preventative mechanisms, but you can also upgrade your response and your support of the treatment of mechanisms.

And I think that there's that's where people get the freak out and they're like, okay, we have to throw everything out that we can. And sometimes that standard of care sometimes like chemotherapy, radiation, surgery, targeted therapies and a crime blocking therapies, sometimes that's hyperbaric oxygen, high dose IV and see, you know, all these other therapies, those are all oxidative in nature, strongly kick up oxidative stress and the little creatures that have to deal with that or your mitochondria.

So you can even overly do it with alternative therapies, which I actually see often as well, not just in the standard of care therapies. And so I want your listeners to realize we need to be a lot more nuanced and a lot more, I guess, like just delicate about the way we approach this, thinking a bit more as dance, this concept of adaptive theory.

Metabolic therapies, fasting, and treatment sensitivity

I love that you talked about that versus maximum tolerated dose theory. How do we push back just enough that our own body can swirl in and do what it was divinely designed to do, to take care of those mitochondria, to then take care of whatever diseased condition one is facing.

Yeah. I mean, and that's a different approach because again, when people get something like cancer, usually it's it's the nuclear bomb approach, right?

It's it's drop the bomb, you know, killa as much as possible and then rebuild from there. What you're saying is it's more of the gradual nudge nudge in the right direction or like a diplomacy if we're thinking about like, you know, instead of the nuclear bomb.

Right. Good diplomacy and good conversation to create more peace in the body. Love that. That's that's gorgeous. That's of never heard it stated that way.

But I think that is a very beautiful and elegant approach. And and for me personally, that just seems so much more hopeful as well. And that does something to our genetics that does something to the the health and vitality of our mitochondria.

When you're coming at it from a place of hope, of joy, of gratitude, of curiosity, of purpose versus a fear of I must kill a go to battle with even the very monikers we use to deal with this.

I mean, the war on cancer was initiated in 1971. We're almost 52 years into that process now, and we are that that idea, mind you, came out of a war time, right?

We were coming out of the Vietnam War, and we really it was such a the ethos of our times globally that that's where people could relate to. And yet we're also living in a time now where polarities are causing as much harm.

This era of despair is causing us so much harm. And this disconnected, maybe connected more than ever with online, but lonelier than we've ever been. And I think that that is a sign of our times, that perhaps that's the angle in which we want to approach it, is leaving behind the outdated and antiquated war model and moving more into this place of compassion and understanding.

Yeah for sure. And your in your book, The Metabolic Approach to Cancer, obviously you're targeting it from metabolic approach. So you're saying okay, let's get the mindset right and approach it properly with the right mindset.

And then we start to address it from a metabolic approach. Can you explain that in more detail? Yeah, sure. I'm not sure if anybody that you're interviewing is covering the concept of psycho neuro immunology or psycho neuroendocrine immunology.

It's a great topic. I you know, I know what you're talking about, but I haven't had anybody actually explain that in detail. Perfect. So that to me is sort of explains what you just described here.

So if we are in a state of duress, we tend to be revving our cortisol levels, which in turn revs our insulin levels because we need to, you know, run from the saber toothed tiger.

So our body does this really cool physiology to save our lives. Right? In the short term, in the acute, it sends resources to the muscles so you can run from your predator.

That was great. Zero years ago, even a couple hundred years ago. Right. We needed those short term. But today we live in a perpetual state of running from this perceived saber tooth tiger to the point where many patients that I asked them this question, I'm sure you've experienced two and you're like, you experienced stress?

Like, nope. Until you really dig in, you start asking questions. You're like, tell me about your usual day, your usual routine. What does that look like? What does that feel like?

And you realize that they are so the, you know, the frog and the boiling pot of water, they don't even know that the temperature is rising or has is bubbled over at this point.

And so when that happens you stimulate all types of growth factors. So insulin and its growth factors that it stimulates called aptly named insulin growth factor that upregulates a lot of different signaling pathways to tell cells to grow, baby grow, baby grow.

And also tells them ignore any a pop ptosis signal. So don't die even if you know something's trying to kill you and it ignores all these other signals, it kind of blinds it to what's going on, that the studies differ a little bit, but anywhere as little as 70% of all of our cancer types to upwards of 90% of all of our cancer types are incredibly sensitive to this

insulin signaling pathway.

So if we're in a perpetual state of stress, duress, anxiety, running from the saber tiger, big and little T traumas in our lives, not dealing, you know, with the big and little T traumas, not having the supports in our lives and whatever way, it's literally impossible to change out your response and your ability to really get ahead of the cancer process.

And what's even more interesting is a really good example is, is radiation therapy. This is when you look at the statistics, if you put all cancer types in a bucket from stage zero to stage four, and you put all of them in one bucket and you say, okay, if we put all these, the other shake them up and we throw in some chemotherapy, what percentage are going to respond?

And again, these studies have been done multiple times. But depending on where you are there's an Australian study that has one. There's one out of Canada has another.

But 2 to 3% of those cancers are going to respond to chemotherapy. And they tend to kind of fall under the categories of testicular and lymphoma. The rest, however, are kind of it kind of falls on deaf ears when you do that same thing with that bucket.

You shake it up and you throw some radiation in there. Upwards of 12% of all those cancer types will have a response, meaning some reduction of the tumor burden.

And if you took all those up and you threw surgery into the mix, so just excision, removing the cancerous lesion, you will have upwards of a 50% response.

You start to look at the tier that if you're going to choose anything in the standard of care surgeries, probably your best bet, followed by radiation, followed by chemo.

Sometimes they throw everything at it, including a few other things for good measure, hoping for the best, and we still just kind of eke it up. Maybe upwards of about 60 to 70% of patients will have some type of response.

That doesn't mean cure, that just means a little bit of sitio reduction. So I say that because one of the things that's very interesting about radiation is if patients have an elevated insulin level, if their glucose is high, if their hemoglobin, anyone see their C peptide, their insulin, their insulin growth factor are high.

That 12% response we would typically see basically falls completely away. The cancer cells become desensitized and protected by the sugar and desensitized to the radiation.

And unfortunately, what happens then is that the healthy cells take on the whole burden and they get damaged and their poor little mitochondria start to suffocate and behave badly, and they become more vulnerable.

And whatever stem cells were in hibernation, cancer stem cells, they now mutate and are more aggressive and more difficult to kill. So we're even missing a really powerful opportunity to make somebody very metabolically whole and metabolically flexible and get their insulin really suppressed prior to receiving radiation, all through the radiation treatment and for upwards of 6 to 12 months after, because radiation is still doing its job in the body for many months after the therapy, if you can have somebody carbohydrate restricted, insulin suppressed, you can actually drive that radiation and make it even more effective in that 12% and less impactful on the healthy tissues and less deranged or mutated.

And so it's like, why are these conversations not helpful to how our patients could be so served by this big knowledge bomb? Yeah, because cancer cells have 10 to 50 times more insulin receptors than normal cells.

So again you talked about like they're responding to these growth factors or very fast growing and fast replicating cells, which is, you know, in a sense, when in conventional medicine, when they're using the chemotherapy, the only reason, really, why it would work is because these cells uptake so much and they replicate so quickly.

So and this is why people lose their, their hair. Right. Because the hair cells do as well. Right. So, you know, you're killing off the cells that are quickly and also the white blood cells in the immune system.

So those are the main side effects people are experiencing with chemotherapy. And so you're trying to slow down in a sense, if you're able to do things to help make the cancer cells even more responsive when something comes in, by restricting insulin, restricting carbohydrates, they're more they're hungrier.

So they're all of that chemotherapy. Exactly. They're hungrier and they're more vulnerable. And to kill in a state of that's why I love Doctor Long goes, you know, fasting before chemotherapy is fast and mimicking.

Diet has shown. And it's not even a low carbohydrate diet. But it's like it's like restricting diet even that sends different signals into the body. And so basically you're protecting the healthy cells when you bring on these metabolic supportive therapies from either caloric restriction or time restricted eating, or intermittent fasting or fasting, the making diet or therapeutic ketosis or high fat, low carb ketogenic diet, all these different roads to Rome lead to the state of metabolic flexibility that creates beautiful flexibility and resilience and strength in your healthy cells, while making the cancer cells more vulnerable and easier to eradicate.

Yeah, and that's that's the whole goal right there. And so yeah, you mentioned doing things like intermittent fasting or some sort of calorie restriction before doing any sort of oxidative therapy.

And this is kind of the press poll strategy that Doctor Thomas safe read. I think he's at Boston College, I believe, right, at Boston College has, you know, he really adopted that or he he coined that term and you really took it and really made a practical application of it in the clinical setting.

But it's that idea of we want to metabolically, we want to make the cancer cell metabolically fragile. Yeah. And then hit it with the oxidative therapies, which in the conventional model could be the chemotherapy or radiation or the natural model could be things that you talked about IV, vitamin C, hyperbaric oxygen.

Can you explain a little more how that how that's going to work. Sure. So when so in our healthy cells, when we go through the Krebs cycle in our mitochondria to make ATP, we actually do release and create a little bit of oxidative stress.

These little reactive oxygen species get kind of released in response to making energy.

Cancer as a process and the role of adaptability

It takes a lot of energy to make energy, right. And so that little bit of Ros creates what is known as a whore memetic effect. So this is that good stress that upregulates and creates resilience in the human condition.

And so you need a little bit of that to push. But as I mentioned on the planet today, virtually all of us are being exposed to a lot more Ros, a lot more reactive reactive oxygen species on a day to day basis from our cell phones and our poor sleeping and eating habits, and our lack of movement and our increased stress and our increased traumas and the toxicants that are coming our way, they're just kicking up and up and up and up and up that that reactive oxygen species.

And so what happens is that overwhelms the system. Weirdly, when we shift into a cancer process, those that are was is damaging the healthy cells that it's actually giving fuel to the cancer cells.

So you have to bring in these therapies that are going to kind of start like kind of stall that oxygen, that oxidative pressure for just a moment so that they're kind of confused and then you hit them on a second time.

So it's this, it's this like Trojan horse effect. So when someone's fasted or caloric restricted during a fasting mimicking diet program, those cancer cells, as you mentioned, they're kind of desperate and confused.

It's like, wait a minute. Where's my usual fuel source? What's going on? What's going on? And so the second you

introduce it with a therapy, it will. It's like it doesn't look both ways before crossing the street.

It'll just dive right out there into the trapping. It gets, you know, obliterated by the bus. Right. So that's ultimately what we're we're doing with this is that we're sort of surprising those cells and our healthy cells, for instance, have in their cell walls.

They have this ability to meet things like peroxidase, these reactive oxygen species, in a way, and dissipate them or moderate them or mediate them. So when our healthy cells are exposed to high doses of IV vitamin C, for instance, they are just like nothing.

No problem. I can break that down when it comes my way. Not a problem at all. The cancer cells do not have that same process in their cell walls, so they can't survive in that information.

You know, with that, with that information of the vitamin C coming their way now, over time, those cancer they get, they outsmart it, they outwit it, and they find a workaround and they can start to gobble up a lot of things.

So maybe you start glucose from and they find a workaround for methionine or for glutamine or arginine or cysteine. But this is what's so beautiful about fasting right.

And put your product short. Get in get out or longer depending on what your goals are. You don't have to be so frankly schooled in biochemistry or in all of the things of metabolic oncology that's out there that will blow your mind.

And the cell line study world. You can simply turn off the faucet of a lot of the things that could be fueling those cells. And depending on where the patient is in their state, what's going on, what other therapies might be on board with them.

Short fasting can be a strategy, longer fasting can be a strategy and everything in between. And so this is what's really fun is I cannot believe that this beautiful therapy we have all co-evolved with is available to every one of us on the planet, despite your about your background, you know, and my gosh, it's even been used historically in every spiritual practice on this planet, which is such a powerful way to reconnect us from the cell to the to the organ, to the tissue, to the whole body, to the people around you, the planet around you and spirit.

It all just leaves us together in this really elegant way. And so that's where it's like when we look at some of the most profound strategies we can use for both the prevention of treatment of or clean up after a cancer process.

We just unfortunately graduated to one, and two of us are expected to experience a diagnosis of cancer in our lifetime. So wouldn't it make sense that it don't wait to flip the coin?

You know you could start to impact your overall well-being strength of your healthy cells, creating some vulnerability in any potential canceling or ill cells within your body.

Reconnecting the communication of yourselves, the communication of your organs and tissues, the communication of your mitochondria and how they take in the world around you, but also a communication and reconnection to self, other and spirit.

And those are things that I think are really under expressed or understood in the potential of what this type of therapy can offer. Yeah, absolutely. I mean, it's really powerful.

And I always say fasting is the most ancient, inexpensive and powerful healing strategy known to mankind. All of our ancestors have done it. We wouldn't be alive as a as a species if we couldn't fast because food wasn't always prevalent.

It's not like today where we got a refrigerator and pantry we could survive a month without, you know, without reloading. Right, exactly. For ancestors didn't have that luxury, so they had feast or famine when food was

available.

They ate and they, you know, ate as much as they could because you really couldn't store it very well. And you didn't know where, when your next meal was going to be.

So you ate well, but then you also had times of famine. And it was kind of this cyclical approach in our society day. We have to be very intentional about doing that and applying that.

Right? Right. And I really appreciate it because we were built to be a hybrid engine. We were built to be able to tolerate those moments of famine. And we did so by being able to start to utilize a different fuel source, you know, from ketones, from ketone bodies.

That allowed us to create this clarity, that helped us stay present, to find that next meal. I mean, that's that was like the credible evolutionary process of that.

It's like, we need you clear. We need your brain clear. We need you connected. We need you intuitive. And so. Ketones I mean, the best hunters were fasted a few days.

They hadn't eaten or at least eaten well in a few days. And so the ketones were elevated, their dopamine was elevated, their norepinephrine, they had better concentration, mental clarity, no inflammation in their brain. Right.

And they were just they were more creative. They were more resilient, better endurance. Right. And so they were primed, ready, ready for ready to hunt.

I have that just gives me chills because think about now what is the opposite of that look like. And it is giving when you know after. You. Like an hour after Thanksgiving. Right?

Like that. It's like when you then pan across the globe. Yeah. This dullness, this addictive behavior quality because we're also dopamine. Yeah. You're quickly trying to refuel those dopamine and that quick fix in our energy falsely through carbs, carbs, carbs, cards, carbs.

You know, just because of that, we can't go a couple hours without food. We obsess and we freak out about we're in front of the screens. We're in front of all the light exposures that are tweaking our brain more and more, and we're getting duller and more overwhelmed, muddy.

And our thinking, loss of clarity, loss of creativity. I mean, look, this is like why you look at the ChatGPT as like, oh, is this our is this our our final nail in the coffin?

Because no one has to be creative anymore. No one has to use it. They're thinking. They're thinking caps any longer. They don't have to be critical thinkers.

And just, like, plug in and spit it out. And there you go. It's like, what's that movie with the the, the where? They're all, like, moving around on little carts because no one's got any bones left.

Or just, like, big pudgy things on little move, move about vehicles. We're moving into that phase that we're literally not engaging. What all of the gifts were that we came here with, you know?

And it's just incredible to me. So I love how you just described the clarity and the strength and vitality of the the hunter, the hunter gatherer, and then to then compare it to what it looks and feels like after your Thanksgiving dinner.

Practical steps after a cancer diagnosis

It's like perfect, perfect contrast. Yeah. And it's I mean, it's fine if every now and then you have a big meal and you feel that way, but when you're doing that every single day, like most people are multiple times a day.

Exactly. That's when you start really creating a lot of metabolic damage in the system. Now, I know you've used this term canceling. Use it in this interview.

We've talked about it in the past. I think this is really important people to understand. Most people don't really see chronic disease like this, but I think it's a really great perspective for the audience.

Sure, sure. So I use that term very purposefully because we do actually, all of us, all of us without fail, have cancer cells in our body. They may be very well living quietly, synergistically, symbiotically, even within our systems.

And we know nothing about their existence. Right? They're not causing us any harm. But when they pick up momentum, when they get the upper hand, when they hijack our metabolic pathways.

So when they hijack our fuel systems for their own growth and their own mobility around the building, then and only then do we start to become aware of their existence and that they can start to get out of hand.

And so that is an active process, that is a verb and not a noun. And so the noun exists in all of us all the time, but the process doesn't, except for as I mentioned sadly earlier, we're finding that, you know, one of two of us will likely be meeting that verb in our lifetime.

So this is that place that also suggests that, okay, it's an action verb, but that means it can also be put back into a state of quiescence or symbiosis.

That's just like, hey, I live here. We're we're fine. No harm, no harm, no foul. And that also helps. I think people retrain their mind into thinking that you have to combat this, that you have to kill this battle, this go to war with this.

Because once you realize it's just you all along, the last thing you want to do is to fight yourself and to then, as you said it so beautifully, like, let's go and have a conversation and understand what's going on here and see if we can come to an agreement like that diplomacy approach.

For me, the cancer ring, that active process is just a messenger telling you that you need to do something differently and that that's and it's going to be unique for each of us as to what that different thing might be.

Yeah. That's great. It's really that message and it's it's it's a wake up call. It's time to take inventory of your life, inventory of your thoughts, inventory of your behaviors, and shift things around because things aren't working the way that they should, particularly for health and longevity and optimal well-being.

Exactly, exactly. And you know, I love that. It's like we've made the full circle back to the word longevity, because I think about the longevity in my family of origin.

The women all lived to be over 100 years old. And the first few, my aunt Grace was 111 when she died. I mean, she was up there, you know, so she wrote her book.

She wrote her first book when she was 80. She learned swim when she was 88. You know, she she came across Colorado in a covered wagon. I mean, I like it's just incredible.

Like where she was, my what she was doing. I was at her. I was three years old at her 100th birthday, you know, like, I, I like, can remember the vitality of this woman, you know, that up until just the last couple of years of her life, you would it would be very hard pressed to guess how old she was.

Whereas just a little bit later, not very much further behind that, my other grandmother, she was 103, and she spent the last ten years of that time basically blind, deaf in a wheelchair, completely in solitude, really no joy, no vitality.

And that was just painful to watch. It felt like a gift and a blessing when she left, you know, it was so hard. And then the next generation, her daughter, my grandmother, my grandmother would have lived into those ages, but she was over medicated, and she died of a properly prescribed pharmaceutical that snapped her candle at 93, you

know?

And so it's like, I look at that and I'm looking at my mom's health at 76, who's not as healthy as her mother was at that age. When I look at my family of origin, I'm the eldest of the cousins on my mom's side of the family, and if they're listening, I don't think anybody would argue with this.

But I'm healthier than everybody because I have taken that inventory. I have met my mortality on more than one occasion with a diagnosis. I know what it takes to create balance and wisdom in my own body, and listen carefully to my body and give it what it needs to thrive in my body.

And a lot of folks wait until they have that dire condition, or their meeting their mortality before they are even interested in making those changes.

And so for me, maybe the luck was that I was diagnosed so young. And that has put me on a mission of being very different in the way I age. I would love to be 111 like my aunt Grace, with as much of her vitality on board until the the final, the final moments.

I definitely don't want to do it the way my other grandmothers have. Yeah for sure. And obviously, you know, as a cancer survivor yourself, you've had this personal experience.

You walk through all of this, and so you're really speaking from a level of not only authority in it, but also personal experience with this. And so, you know, obviously you didn't have the knowledge that you had that you have.

Now, clearly, you know, when you were first diagnosed and I believe you were, what, 19 you were you were a teenager, right? 19 years. Yep. Right, right.

And so what would be your advice. And we'll kind of close out with this. What would be your advice like. So somebody gets a diagnosis. Maybe they got a diagnosis in the last month or last week and they're listening to this day.

Or maybe they have a family member. What should they do? What are things that they should look at? What are the things that they should be doing right now?

So well, as we started, say earlier, take a moment, breathe, don't do the temptation and jump on Doctor Google. Don't start to talk to everybody and their dog and their aunt.

And this is how my aunt's dog sisters brother did it. Like, you got to get still. You got to get quiet. So take the time. It's not a medical emergency at that time of the diagnosis unless it's obstructing something.

I mean, there's obvious those are very rare moments, but once we typically are met with the diagnosis of cancer, we have some time to make some decisions.

So take a moment. Be quiet and listen to maybe what the message is for you. Number two, get not only a second opinion, but even a third. You put ten oncologists in a room.

You're going to get a lot of different a different opinions. So know that. But don't just take their opinion. Put together a plan of test assess before you address.

So get as much data about yourself as you possibly can before you make a treatment decision. Get all of your information, do your own research and know what they're actually offering you and see if that's a fit for you.

And then you want to assemble your team, that team you need your tumor expert. You need the person who knows your tumor, your tumor type, that world the standard of care model.

But you also need your terrain expert, okay? You need someone who understands that you are a person with a

diagnosis. You aren't a diagnosis. Okay, that's very important.

You also need to make sure the questions you ask in my book I have a ten questions to ask your oncologist. If they can't answer those questions to your liking, please keep shopping.

That's very important. And please know that they don't have to know about integrative or alternative medicine. They just have to be willing to be partner of this process.

You are the CEO of your board. They're a board of advisor, right? That's all they are for you. And so you assemble that team. It may have a nutritionist, it may have a pastor.

It may have a child care person. It may have a body worker. Whatever feels like you need to bring around your team, that's very important. And then adapt.

You've used this word a few times. It is adaptability in my version of the CDC, not the center of disease control, as we've all learned, is circadian rhythm.

Simple, simple, simple, simple. Super important. Or fright. And I really hope you have people talking about that on so much on that. So we'll leave that for that for them to talk about.

But like literally watch the sunrise, sunset, make sure you're turning off your electronic fish. You're unplugging your electronics in your bedroom, turn off your Wi-Fi at night, get your circadian rhythm toned, know where the full moon is, know where the sun is rising and setting.

Get back into the rhythm of nature that will also get your internal rhythm going. The second part, the De the diet, which is critical. We are all overly fed and undernourished.

Today semester I would say 93% or better of us are way over nourished in the carbohydrate world, so we need to carbohydrate restrict pretty drastically in the modern times of our diet.

And one of the simplest ways to do that is precisely what you're all learning in this beautiful summit is ways to do that through from fasting and fasting, mimicking and restriction, time restricted dating, and all the different ways to achieve this.

And the final see of that CDC is community and connection. And that's just huge, that you also don't have to do this by yourself. And if you are one thing I want your folks to listen, hold on to it.

The end here is we're also the expression of the five closest people in your in your world.

Metabolic Terrain Institute and closing remarks

If those five people that you spend the most amount of your time with don't absolutely feed your soul, don't. Absolutely help you grow, help you feel supported, loved and held and safe in this world.

You need to reconsider those five people or those five places in your life, because that's the constant field that you are in and that community connection piece.

It could actually be one of the biggest contributors to why you got sick to begin with. So focusing on a new CDC and upgraded CDC would be the advice I would give to everybody after kind of following those five main steps.

I think that's great. You know, that first Cece or Katie and Rhythm, so many people, I mean, they're going to bed super late. They got blue light on late at night.

Sleep is just way off. So really, really doing your best focusing in. I really love how you simplified the CDC. So it's just optimize your sleep, you know, and we have you know, I've done many different interviews on on sleep, lots of

content on my website, on your website related to that.

That's something that people really need to prioritize is getting really good sleep dial in the diet, you know, intermittent fasting like you mentioned, carb restriction.

And one of the simplest ways to do it is just take out grains and process sugar. You know, eat fruit, vegetables, healthy meat, healthy fats, right. Take out all the process vegetable oils.

Just stick with those things. Right. You're going to do well from a diet perspective and then try to compress that eating window, which, you know, if you're listening to me, you know, I talk about this all the time.

Just getting that stop snacking right, right off the bat, three dates a day and start compressing that eating window. You may notice that you feel better for two meals a day or whatever it is, and so compressed that eating window.

And then that third C is consider your community, the people you're around, the voices that you're hearing, the podcast you're listening to, the news.

You know what's on TV, right? Exactly. All of those, it might you might have positive people around you. But if you're listening to, you know, stressful news all day long, that's not helping you either.

So you really have to clean up the community around in a sense, you know, create a community around you that will help foster healing. I think that's really it's a simple idea.

It's something people can wrap their head around. Not not to say that all those things are easy, right? But it's a simple enough idea that people can wrap themselves around.

And really, if you can master those three things, you're creating an environment where your body can heal. Absolutely. Those little mitochondria antennas are just squealing with joy when you really tune up that CDC.

Yeah. So good. Now, Doctor Nasha, you obviously you have an amazing book. I would recommend everybody get the metabolic approach to cancer. If you're somebody that you know, perhaps has cancer in their family history like I do has experienced it personally, or if you're just somebody that really is interested in health and you really want to learn about health, that's that's one of the best books you can get.

Metabolic approach to cancer. But you're also training. You've been training other physicians, other health care practitioners through your metabolic terrain Institute of Health.

Tell people more about that and how they can get plugged into that. Sure. Please go and take a look@mtih.org. This is our nonprofit where we are building our network of physicians.

We're training physicians and metabolic approaches to life, metabolic approaches to cancer, metabolic oncology, metabolic health, and general metabolic medicine in general.

We now have 155 to to the time of this recording, 155 physicians in 16 countries. And we bring on two new cohorts a year in September and February of every year.

We also are training patient advocates. So there are beautiful liaison there, the bridge between the physician and the patient. And they're there to help in those inter in those between moments.

And like whole people's hand through the process, like go to the grocery store with you, help you clean out your pantries, help you really understand how to apply all these things that we talk about in the book, The Metabolic Approach to Cancer and what we talk on the podcast and window, like, how do we make this actionable?

And so that is something that's growing into our nonprofit. Our nonprofit is also raising funding for research in this arena in the whole metabolic health space, metabolic medicine space, metabolic oncology space.

And then we're also built raising funds to help patients be able who we know that getting an integrative approach to your cancer is not something that's going to be covered by your traditional medical systems.

And so we also raise funds that can be tagged for patients to get them grants to see people practice integrative. So we're very proud of that. And then eventually we'll have our the very first residential integrative oncology hospital and research institute here in the United States.

And so we're also seeking ones and raising that. So we hope that becomes a model of health care all over the planet, not just in southeast Arizona, but we're very proud of building that and trying to make this accessible to all, accessible to all.

That's great. So you're doing such great work so people can find somebody that's been trained in your program through Metabolic Terrain Institute of Health.

Just MTI h.org. And also practitioners can go there as well to get get this training and get trained up in this. And also people that want to donate to this can go there as well and make a donation.

Correct? Absolutely, absolutely. I really appreciate that opportunity because we want folks to feel empowered. And a lot of times the resources aren't there for them to make that next step.

And so we want to remove that obstacle. And this is an opportunity to do that. That's wonderful. Doctor Nasha always great to connect with you doing such great work and love your message.

And I know my audience got a lot out of this. So thank you again so much for your time guys. Check out Doctor Nasha and we'll see you, all of you guys in a future interview.

Be blessed everybody. Thank you.