Introduction and Speaker Welcome

Hi there. Welcome back. It's Dr. Jenn. I am so delighted for our next speaker and you are going to be so inspired by her story. It's fascinating and I know that you're going to be waiting with bated breath for this.

So this is Dr. Heather Paulson. She is a retired board certified naturopathic oncologist who has made, like the supreme sacrifice to do what she does.

And her journey is fascinating. And so we're going to get right to it, because I can't wait for you to have this information. So. Dr. Paulson, welcome.

Thank you so much for having me. Of course. So, you know, before we came online today, you said that I had to stress the retired part. And it's not that you're not working, right?

No, I'm still working. Doing your thing and really making a foundational, fundamental difference for people on a cancer journey, because you are doing that.

But your path became a little circuitous. Right. So you had you had a little bit of a bit of a shift, a change a few years back. So can you share your story with us?

Like what got you into the cancer space? Because I know that that is a very personal motivation for you as it is for most of us. So can you share what got you into the space and then where your journey took to you?

I would love to. So I started out in the oncology space because my dad was diagnosed with colon cancer when I was in my late teens, he was diagnosed with stage four colon cancer.

And I took on the role, like many of you, listening to the Summit of the Health Advocate, the researcher trying to find all of the best resources for my dad as he went through his colon cancer journey as a young adult.

You know, in my late teens, early twenties. He actually passed of his colon cancer when I was just 22 years old. And I was in there advocating for him to maybe have less chemo, because we know from the research that colon cancer does not necessarily have the best response rates to chemotherapy.

And this was a long time ago. So there were not immunotherapies on the market at that time. So when was this? This was in the my dad passed in 2001. Mm hmm.

So this was a while ago. The cancer treatments available then are so different.

Personal Cancer Journey and Naturopathic Training

And what we have available now, and what I would advocate for my patients when I was in practice to do and as you know, oncology is not necessarily super diet forward or now I'm really putting a lot of stress behind.

That's kind. Of. Well, I practice integrative oncology, so I understand, you know, both sides of the coin. And I so I was in there just really advocating for my dad to make some diet changes, to go through a little bit less chemo than what he was receiving.

And being the first person to tell him that his his diagnosis was terminal. You know, my my dad's doctors were talking to him honestly about the statistics and outcomes.

And I was in the research library at my university pulling up research studies and, you know, showing some of the

data to my family members who were pushing him to do more and more treatments.

And as we know, sometimes there's more and more treatment. Isn't isn't the solution. So that's how I got started in oncology, was just being a health advocate for my dad.

And as he was in his active dying phase of his life, which is actually such a beautiful place to be in the human spectrum, I really cherish the moments that we get to be with people in the birthing phase.

And as I've sat in births and cot babies and in the dying, phase two is a really precious space of all of our human existence. And when I was in that part of the journey with my dad, I came across these words naturopathic medicine.

And these were doctors that wanted to heal the whole person, that wanted to heal people throughout the entire spectrum of their life, which I felt was lacking in my dad's cancer experience because.

Your dad had a very traditional cancer. Very. Treatment paradigm. Okay. Yeah. And for those of those listeners that are not aware of what naturopathy is and what it stands for, can you just give us a brief background?

So naturopathic doctors go through four years of medical school and we get trained in the same medical sciences as any other physician that you see. And what's different about naturopathic Medical School is that we're also trained in herbs and diet and acupuncture, chiropractic type of manipulation.

And really our viewpoint is to use as much as possible natural medicine to heal the whole person, heal them physically, spiritually, mentally, you know, that whole mind body connection that is sometimes a reference to, but we don't really know how do we get there?

How do we treat a person from a mind body perspective? Yeah. So your father inspired you to become a naturopath and you were naturally drawn to the cancer space.

So tell us a little bit about that and your work in the cancer space. My work in the cancer space started out in a traditional hospital, so I did a residency in Indiana, part of Indiana University's health system, and was in the thick of the chemo infusion room, surgical suites, all of those things, but providing a naturopathic perspective.

So what supplements could somebody be taking to reduce side effects from chemotherapy or to improve their healing from surgery or stay energized during radiation therapy?

So that was really my role was to support people who were going through conventional treatments for their. Now that's that's pretty progressive. So you you must have been working at a hospital where people were fairly open minded because that's not even happening with any regularity now.

It was and it's an interesting location. The hospital is located in Amish country in Indiana. And so they brought in naturopaths to help connect with their community because they noticed that their community wasn't coming to the hospital because they were scared and it was not part of their religious paradigm.

So to have naturopathic doctors in the hospital helped them connect to their community and give their community members the treatments that they needed. Gotcha.

Okay. That makes a lot of sense. And I'm sure that they must've been tremendously grateful. Yes. Because it allowed them to relate to the treatment in a way that they couldn't.

Yeah. Allowed a safe container for this community to come get here. And so I'm assuming it grew from there because you did have your own naturopathic oncology practice.

Yeah. So after residency I went back to Arizona where we have a very wide scope of practice and started doing naturopathic oncology there in a private practice setting, but still integrative.

So I still worked closely with medical oncologist, surgical colleges and radiation oncologist in my city in Arizona. Mm hmm. And how did you find that relationship?

Because oftentimes that relationship can be difficult. Yes, well, it would depend on the oncologist. I had really great relationships with some oncologists who would refer patients to me.

I worked in some radiation oncology offices for a couple of years as well as part of their integrative team. Yeah. And so some times it was super easy and sometimes it wasn't so easy as probably you've experienced.

Or if you're having to experience. I think that that is a relationship difficulty hurdle that a lot of people hear in this on this summit right now are facing.

And the people who are listening to the summit want to do everything.

Integrative Oncology Practice and Building Bridges with Doctors

And they are often working with traditional medical doctors who don't know, who don't understand, and traditional medical doctors in general, of course, there are going to be exceptions, but in general tend to kind of pooh pooh and dismiss the things that they don't understand.

Right. Because and I was trained under that system, so I understand it. They consider all of this information that if it were true or important, would have been taught to them during their training.

And since it wasn't, it can neither be true nor important, and it makes the working relationship between the patient and them very challenging because on on our side of it, on the integrative side of it, we're not saying don't do that.

We're saying do it. All right, like you can't one without the other. Does it work? Like people who were just going through traditional treatment are kind of never figuring out their why, never correcting their environment, never.

Not never eliminating their triggers. And so they stay on that same health trajectory, which means that you have breast cancer and then you have the next diagnosis and then you have the next diagnosis till eventually you meet the diagnosis that you're not going to be able to overcome.

Whereas the people that are seeing this through integrative lens, they are just getting the traditional treatments because oftentimes they're scared not to.

And I get it. But they're also making significant steps towards optimizing their environment. So they're changing their diet, they're changing their movement, they're changing their sleep, they're changing their their toxicity, toxin exposure.

They're changing their detoxification practices. And they're also, you know, changing their macro environment. What they're allowing to affect them. So they they have very different outcomes because, you know, it's what you get in that determines what you get out.

Absolutely. So how do you help people who are in that position where they're struggling with their providers? How do you help them to build a bridge or mend a fence?

Yeah. So one of the tenants that we subscribe to in naturopathic medicine is doctor as a teacher. And I take that teaching role very seriously and that includes teaching my patients or my clients how to communicate with their other doctors that are on their team.

And then that also includes me as an effective communicator. So I would make sure I sent notes and letters to other providers that were on their team that cited and referenced research studies as to like, why are we using fish oil right now?

And what what's the effect? Why are we recommending a glutamine for this chemotherapy side effect? Why are we doing alpha lipoic acid for neuropathy? So I would send articles and or at least cited letters to the other providers that were on the team.

And that's how I built a bridge, because we behind the scenes doctors, no matter what you're practicing, we speak a similar language and we know how to show reference studies and and how to talk to each other in the same doctor language.

Right. So I would do that for, on behalf of my patients and then I would educate my patients to like, this is why we're doing this particular therapy right now in this moment.

And we might stop it in the future. But it's really important right now because these are all the things that it's doing. So I found that the most effective tool, if you are having a hard time building a bridge with your three care providers, is communication really clear?

Animals tional, research based communication. Then it opens everybody up to talking back and forth about what's going on with a patient. Yeah, that's it.

That's an excellent point. And that is the main thing is communication is key for everything, right? For everything. So you started to mention some nutrients and I would love to dove a little deeper into those from a naturopathic perspective.

So you mentioned fish oil and alpha lipoic acid, and there are a bunch of people who have breast cancer or had breast cancer who are wondering about certain nutrients like fish oil and what's the benefits there, like alpha lipoic acid, but also turmeric.

They're phytoestrogens. And so can you talk a little bit about the nutria ants that you use most in in cases of breast cancer and why? Sure. Well, let me back that question up a little bit, because I think it's important for us to acknowledge that not all breast cancers are the same.

Right. So we have different hormonal markers that we're addressing in different types of breast cancer. So what might be recommended for estrogen receptor positive breast cancer might not be the same thing that we would recommend for estrogen receptor negative breast cancer.

So there's a lot of different factors that would go into what would be the right fit for a particular person's breast cancer. And then in my practice, we would also measure hormone status to see, you know, how are your estrogens, are they elevated, are they being blocked by your aromatase inhibitor?

Are they still being produced despite being on estrogen suppressing medications? So these are things that are also important points to decide what is the right nutrients for the right person.

So one test did you like to use for measuring people's hormone status? We would just use serum testing because my viewpoint was I knew that there was a lot of debate about the best way to test hormones. And.

We won't get into that debate here. But my viewpoint was let's use what's covered by insurance as much as possible, since a lot of your therapies and integrative therapies are being paid for out of pocket.

If there's something that I can get enough information from that your insurance is going to cover, let's use that. So we would use just the normal oral estrogens estradiol astronaut kind of testing normal serum testosterone and serum progesterone levels as well without getting too far down the rabbit hole unless somebody is tests were shifting with the right supplementation so then we might go further and do some saliva testing or some urine testing.

So it would depend on the individual, on their budget and it using insurance as much as possible. And then what about downstream metabolites? Were you not looking at those?

Only if the tests were shifting. So if the because I had been doing this for a long time and I knew when therapies were working based on the serum testing.

But if I if the testing wasn't shifting, then we would order some of those urine tests and look at downstream metabolites. But for most of my patients, they didn't need that extra investigative step or that extra expense in there therapies.

Mm hmm. Okay. So you would basically make recommendations based on hormone positive tumors versus her hormone negative tumors? HER2 positive tumors. These are that these are the considerations that you were using in order to determine recommendations.

Exactly. And just like your conventional oncologist does. Right, we need to have all the information about your body and about your tumor and then taking a step back, a broader step and looking at not just the tumor dynamics, but your whole body.

And what, like you mentioned, Dr. Simmons, you mentioned the other influences that could be impacting your risk for cancer or cancer cell growth. So if you were a hairdresser, we would look at circulating metabolites of all of the hair sprays and shampoos and hair dyes that you might be exposed to.

Or if I had a patient that was part of a remediation lawsuit for plastics that got into their water in their community, things like that, that we dig a little bit deeper and see what's going on with your body that's making you susceptible to cancer.

Because just like any other disease, we have a susceptibility and then we have to identify that susceptibility and treat that susceptibility. But there are some general things that have been studied for breast cancer, like green tea egcg that is effective for aspirin receptor positive, estrogen receptor negative, and her two new positive breast cancers.

So there are some general things that seem to be supportive for all breast cancer types, but then there are things to dig deeper into for you and your body.

So what? What are the benefits of green tea? And you know what? People like to know why they're doing things. So what are the benefits of green tea? Why should why should people who have breast cancer drink green tea?

Well, that's a great question.

Breast Cancer Nutrients: Green Tea, Flax, Soy, and GMOs

So Egcg, or one of the polyphenols that is in green tea has been shown to block angiogenesis or the blood vessel formation of breast cancer cell lines and can also influence estrogen receptor sensitivity.

So it can help reduce the sensitivity to estrogen in breast cancer cells. And the other polyphenols that are in green tea are great as anti-inflammatory antioxidants.

There's so many different reasons to drink green tea, but that's just one example. Like another example that hits against all different types of breast cancer is flax seeds.

So flax seeds block estrogen receptors and estrogen receptor negative breast cancer. It blocks tumor growth and her two new positive breast cancer. It reduces HER2 new expression.

So there are some of these things that can actually impact multiple types of breast cancer. So it's interesting because flax is actually a phyto estrogen, right?

It's a plant estrogen. And people get really confused by that because they don't understand if they have a hormone positive tumor or how adding more estrogen to the system would help.

So can you talk about that a little bit? Absolutely. This is a very confusing topic, which is why I still teach at the National Catholic Medical School in Arizona.

I teach oncology there and I have for over ten years. And I have my students answer this question because it's very complicated. And what we consider fetal estrogens, that's that's just an umbrella term of a botanical that might stimulate estrogen or might stimulate estrogen receptors in the body.

But the thing is, is we have estrogen receptor in different parts of our body, not just in our breast. We have assured receptors in our bones. That's why estrogen is important for bone density.

We have estrogen receptors in our uterus and in our ovaries. So sometimes it can happen. And our brain and our skin and our heart, like literally everywhere.

Right. So sometimes a plant can stimulate certain types of estrogen receptors and block other types of estrogen receptors. So like in breast cancer, what's specifically been looked at for blocking is estrogen receptor beta.

So we might be able to block estrogen receptor beta with a plant product, but it might stimulate estrogen receptor alpha. So we have to take a this is why working with people who really understand these nuances is important.

We have to take a step back and look a little deeper and say, okay, what about what is flaxseed doing in breast cancer cells? Well, in breast cancer cells, it's walking estrogen receptor beta.

It's not raising estradiol or serum estrogen. So we're not worried about it creating more circulating estrogen. And it's blocking a specific antigen receptor that is linked to breast cancer cell growth where like another phyto estrogen that I used to get a lot of questions about is red clover, which is in a which is in the ciac formula so that people come across that herbal lot and red clover does not have those same benefits for estrogen receptor beta.

So we have to take it like a next layer deeper outside of just it's a phyto estrogen and say, okay, yes, it's a phyto estrogen, but what is it doing in these particular cells?

So I would feel remiss if we didn't talk about soy because it kind of falls in a similar category as flax. And I've heard I know people who are working with traditional medical oncologists there specifically called out so they're told to not eat soy and not eat flax.

So can you talk about soy a little bit and and how that looks as a molecule? Yeah. So well, let's like I always like to point to the data. So for example, with flax seeds, women who took two tablespoons of ground flax seeds per day prior to their breast cancer surgery.

So they already were identified with breast cancer. They they weren't eating flax seeds before they introduced flax seeds in this study. And there was shown a regression of disease compared to the group that didn't pick flax seeds prior to.

Talking about you're talking about no one was eating flax seeds before their diagnosis. And then they took two groups of people, gave one, gave two tablespoons of flax to the other.

They did not have flax. And at the time of their surgical excision, their definitive excision, how many, however many weeks later that was, they found the tumor to be less aggressive, right?

Like the tumor markers, the proliferate proliferation markers like K I 67 or something like that. I think this also showed down. It also reduced in size between their diagnosis and they there was evidence.

Of, you know, how long a period of time that was. They were taking flax seed for approximately four weeks. Yeah. So with soy we have studies with soy a similar not as clean studies as that soy is looked at more on a broader epidemiological scale.

And women who ingest more soy products are less likely to have breast cancer. What does that mean once you get diagnosed with breast cancer? There is a there is a debate about this.

I'm going to be really clear like that. It is not a clear cut answer. There is some concern about the GMO component of soy and how that might be influenced.

What do you think of that? I think that's very real. Yeah, for sure. I mean, we know that that cattle and animals that are fed GMO enriched feed are more likely to express tumors.

So it would make reason to make sense that that would apply to humans as well. And and just to be clear, so everyone knows what we're talking about when we're talking about GMO, we're talking about genetically modified food.

So we have changed that. The DNA, we have essentially intentionally mutated the DNA to make crops yield more groves faster, grow bigger. And I always use the the example of wheat.

So I'm corn. Wheat is the wheat of our ancestors. That's the wheat of biblical times that had 14 chromosomes. So when people eat einkorn, wheat, we are able to digest that because it's the wheat that we had been consuming for thousands and thousands and thousands of years.

Fast forward to the 1950s when we mutated that wheat to become dwarf wheat, and we did that so that it would yield more seeds, so that we could make more flour and dwarf weight has 44 chromosomes.

So all of a sudden, like our gluten problem in this country, didn't come from nowhere. It came from the fact that we genetically modified wheat. And now it's a substance that our body has and our genetics have not been able to catch up and we don't recognize that as food.

And so now we have all of these people responding and we call it gluten sensitivity. But really, it's just because your body doesn't see that as food.

And that's not just happening with wheat. That's happening with corn, too, happening with soy. Am I missing any other like major crops that we're doing that with?

I mean, those are the the major ones. There are other smaller ones as well. But that's that's part of why I love my life now in Peru, because the Peruvian culture really takes seriously their heritage corn and their heritage potatoes.

So here in Peru, there's like if I go to the market, I can see at least 15 different types of corn. I can they have over 100 different types of potatoes like this diversity is.

What's growing naturally. Growing naturally. Yeah. Yeah. And if there if there are changes, it's because of cross-pollination from wind and not because we've spliced these two things together to create exactly else.

Right. Yeah. So let's talk about Peru. What do you do in there? I am living my dream life. Really? I live next to an organic farm. I am in nature. I'm implementing the lifestyle, things that we talk about in an integrative and functional medicine and actually living it.

So I have water that comes from a glacier into my house, I have fresh air, I have fresh food and it's at a much slower pace than the United States. So cortisol naturally resolves itself instead of being stuck in my car in a freeway, I am walking like I during this interview, I've seen a bull walk by my house.

You know, I'm walking to town and living a more natural lifestyle. So it sounds idyllic and we can certainly like on an imaginary level, understand why you made that move.

But most people don't pick up their lives and move to Peru. So can you talk to us a little bit about that process and like what made you do it and how did that how did that change look different for you?

And what what accommodations did you make to to go there? What how were you practicing before? How are you practicing now? Yeah, so it was a. Lot of questions. Sorry.

That's a lot of questions, but I'll do my best. So are you going to interrupt me? Yeah. So Peru came about. What? How this change really came about is I was looking into ways to help my patients resolve the trauma of being diagnosed with cancer or the trauma that happened in their life that made them susceptible to cancer growth.

So just like environmental chemicals and GMO foods can make us susceptible to tumor growth, so can our childhood environment or having a traumatic life event, or is it like this?

Always fascinated me from the beginning of my studies. There was a study that highlighted that women were more likely to get diagnosed with breast cancer 18 months after a traumatic life event.

And I, I see I see that in my practice universally. It's one of the first questions that I ask people when they tell me that they have a breast cancer diagnosis.

I say, Tell me about the last two years of your life. And it's always there. It's always it's so interesting. And you might not, if you're listening to this and are like, I haven't had a trauma.

We're talking about big traumas, little traumas, emotional trauma is in relationships. I mean, it might be hard for you yourself to identify what that traumatic event might be or might be easy.

You know, there are things that that we don't necessarily categorized as trauma that are very, very stressful and therefore traumatic. So I think everyone everyone, you know, thinks of when you talk about trauma, they think of getting into a car accident, were, you know, having a tree fall on you or something, something crazy like that.

But a divorce is traumatic. On a. Loss, a death in the family, a death of a friend, a loss of a relationship is traumatic. A divorce is traumatic. And a job.

A new job, loss of a job, a move moving is one of the most traumatic things that can happen. I think it's like the third most traumatic thing that can happen to you as a moose.

And so there are these things that we just don't think about. A remodel. Of your home. Can be traumatic because you know the stress of doing all of that.

Plus all of that, that chemical exposure. So a birth of a child, as. Joyous as it is, is traumatic. And people don't think about that. So trauma comes in all different forms.

I'm so glad you brought that up. How do you assess trauma in your patient population? I so part of my new patient intake paperwork was for my patients to fill out the ACS test.

So that's looking at adverse childhood events. And they didn't have to share with me what those adverse childhood events were, but they just had to share with me what their score was.

And then if they wanted to talk about it in our consultation, we could. One of the things that's delicate about trauma is sometimes talking about it re initiates a traumatic response in the body and makes your cortisol go up and your blood pressure go up.

And so I would I would walk into that with people very mindfully and with permission. So that's one way I would assess trauma is with the adverse childhood events score.

And and then just like you said, you know what, what's been going on for you and the past year, past two years, like, has there been anything that's been challenging in your life, good challenges or bad challenges?

So we would talk about that. Yeah. And then the research also shows that just getting hearing the words you have

cancer is a traumatic event and puts people on to the PTSD scale in a measurable way.

So maybe you can't identify a trauma prior to hearing the words you have cancer, but fearing you have cancer, this is what your next steps are is considered a traumatic event and such depending on caregivers as well.

The co survivors. And they also score very high and sometimes higher than the person with cancer on the post-traumatic stress scale. And I don't know if you've seen this in your practice.

I have definitely seen it in mine where I'm seeing women for breast cancer who have just journeyed with their spouse through prostate cancer or colon cancer or, you know, like they are being diagnosed essentially where this diagnosis is just shortly following their year as a caregiver.

Yeah, it's very common. It's been shown in research studies that caregivers are co survivors of people who have cancer. So like you're talking about, a woman was diagnosed with breast cancer after their husband goes through prostate cancer treatment.

They're likely to be they're very highly likely to be diagnosed with cancer within 12 to 18 months of their partner's diagnosis. For sure. And I'm the same way as you in that kind of dealing with the trauma is beyond the scope of what I do.

But I have I have on occasion referred people to programs to help them deal with the trauma. So what do you what are you advising people in that in that area?

There's so many ways to address this. You can go to a therapist that specializes in trauma. You can do somatic practices. And then what landed me in Peru as I was researching some ways to address trauma, is that there's plant medicines that have been used for centuries that these parts of our brain that are otherwise inaccessible.

Because one of the things that trauma does is it blocks off parts of our neural pathways and parts of our neuroplasticity and says, okay, we're not we're not going to look over.

Don't look over here. There's that protective. Mechanism, right? It's only protective so that you don't have to relive that trauma every day again and again and again.

It does it to make you feel safe. Exactly right.

Trauma, Adverse Childhood Events, and Cancer Risk

So we have to use sometimes we have to use some things that override those safety protective mechanisms to get to that part of ourselves. And so I, I love where this is going.

It's a delicious conversation to talk about plant medicines. Are there specific plants that you with? So I specifically collaborate with ayahuasca, and ayahuasca is native to Peru, the jungles of Peru, and has been used here for centuries and is protected by law as a heritage plant because it's been used here for so long to help people in their healing process.

There are other plants that are used in the oncology research, psilocybin is really being studied at Johns Hopkins thoroughly for people with stage four cancer as a way to help them heal from their cancer process.

Yeah. And I am I am hopeful that that will come off of clinical trial and be widely available soon because the results are really astounding. Yeah. Not not just in survival because they are seeing increased survival with, with psilocybin, but in improvement of quality of life, which ultimately those those are the two things that we're after.

Like the rest of it doesn't matter if we have people live longer, but the quality of their life is not great. I'm not sure that we've accomplished anything.

I find myself like in a quandary. Often when we see these studies come out with these with these chemotherapeutic drugs that are approved because they extend life by eight weeks, but it's eight weeks of misery for these people.

And and I hear all these people celebrating music dances, and I'm just not sure what they're celebrating. Yeah You know, if we can if we can both extend life and give people a meaningful quality of life, that is something to celebrate.

That is an accomplishment. Absolutely, yeah. Do you want to talk about the ayahuasca experience a little bit for people? I'm sure they yeah. Curious. It's it's it depends on who you're sitting with, what your experience would be like.

But I have been training and studying in the mestizaje here in Peru. And so I think it's very important to acknowledge that there are groups of people that have been working with these plant for centuries, even though it's new in the clinical trial research or in a medical model.

There are groups of people who've been working with with these plants and collaborating with them. New to us, but not the. New rate is really important.

And with ayahuasca, this setting that I have been training in is in a group setting where there are a group of people gathered to do a ceremony together.

And part of that ceremonial experience, it includes music, includes songs, because in the lineage of mestizo medicine, it is thought that the plants communicate through vibration and through song.

And we're learning this more in our Western minds. If you have ever seen the there's people who are making music with plants now. They're like connecting electrodes to the leaves of different planets.

But this is very real. You can even notice, like if you a certain kind of music on, you can notice your plants start to face like they smell and people.

Are just looking. At you are looking at how your pants grow, like towards the sunlight, towards the energy. Like we know that these plants are living beings who completely understand what's going on and all of the information around mushrooms like these things are all connected, right?

This is this is a network of life that is connected so that there is absolutely a communication system going on. Yeah. So we try to tap into that. Yeah. Yeah.

When the way that we tap into that in ceremony is through through music, through song and, and that's a really integral part of an ayahuasca ceremony is the songs being sung to the plants and acknowledging the plant's presence in the ceremony.

And we're not just singing to ayahuasca. There's many other plants, and you're probably reading about them if you're Googling about breast cancer that are that are in the jungle, that we sing into ceremony to help with people's healing process.

So things like Cat's Claw that you might be coming across in a Whole Foods market or gravel was I always got so many questions about gravel in my practice and now I'm in the jungle or where gravel that grows.

So there are so many plants that collaborate in the healing of the human body outside of ayahuasca, but as collaborating with ayahuasca. So in addition to ayahuasca, can you can you talk about some of those other plants?

I know that you mentioned Cats Claw and ravioli. Are there others that that are part of this ceremony? Yes. So one of the ways to work with the plants is to do a dieta, which is a very serious work, where you go into the jungle, you're given a hut in isolation and you're given a very strict diet.

And then you have teas delivered to your hut, and you drink those teas every day and those teas can include many different plans, depending on what tradition you're working with.

But one plant that's really common across multiple traditions is running Shia run a key is a tree, and the bark of the tree is used for healing and it can be used for healing for multiple different things.

But specifically in cancer cells, it's been shown to block tumor growth and to reduce angiogenesis in lung cancer or breast cancer or prostate cancer or colon cancer.

So there's reasons to use it in oncology. Same with cats claw. Cats Claw is really great for reducing Cox two inflammation. And we know that that type of inflammation stimulates tumor growth and then it helps balance out the immune response.

So usually people who express tumors cells have an imbalanced immune response and part of their immune system is overworking and part of their immune system is under working.

And when we can bring those two sides of the immune system into balance, then it can recognize tumor cells and and help destroy tumor cells in the body.

And I think that's an excellent point that so often we're not talking about the role of the immune system in the breast cancer process and our immune system is supposed to recognize cancer cells in their infancy and try to correct that that process.

But because we live in this overly stressed, taxed state, we are essentially walking around in a state of being immune, immuno compromised right. Because if we're in that fight or flight state, we are cortisol dominant and our body really only understands primitive responses.

So if we're in that sympathetic state, that fight or flight state, all we understand is that there's a saber tiger around. And so you don't need to worry about dying of a cold if the saber tooth tiger is there because you first have to get away from the tiger.

And so we're really sending all our resources to our muscles and away from our immune system. And so breast cancer is really an immune system dysfunction.

And then the traditional treatments for breast cancer actually make that worse, right? They further inhibit our immune system and further complicate that issue for people.

So all of these immune modulators that you're talking about are to kind of reset that system and get have the immune system come back online so that it can participate in your healing and in your restoration.

Absolutely. And it restores physical properties of our cells. But then energetically, Resnick here is known in the jungle to help people be more strong in their feminine sense of themselves.

But I mean, strong like strong boundaries, firm a sense of who you are, really firm. Sense of self. And sometimes that sense of self gets eroded through our cancer treatments.

Or maybe in those traumatic things that happened prior to your cancer treatments. Or more than just the you have cancer, right? That's enough to erode that sense of self because you're you're in a position where you no longer trust your body.

You no longer trust your health. You don't understand what's happening or why it's happening so that alone can do it. Absolutely. So I love having and I call them allies or collaborators because that's how I truly feel about these plans.

It's not as we're not taking a supplement, we're connecting with something that's been put on this planet to help us

heal. And we have to be in a collaborative relationship.

And I think it really connects us to our medicine, the medicine that's right for our situation. And I find that in the way that sometimes the I used to prescribe supplements, I'll just talk about myself, the way that I used to prescribe supplements wasn't always in this dynamic relationship with the supplement, wasn't always in a dynamic relationship with curcumin.

But with these plans from the jungle, they've had had these collaborative relationships with humans for centuries. They're used to being sung to they're used to being in a relationship. And it's possible that you could sing to your green tea capsules.

I don't know. I haven't tried it. But, you know, it's just a different a different way to see how the human body heals. And I've seen really amazing things happen for people.

Plant Medicine, Ayahuasca, and Healing in Peru

So interesting that you said that because quite frankly, if you're singing to your cup of green tea, whether or not there is a transfer of energy, there is certainly something energetically happening in you because we know that singing is one of the triggers for the parasympathetic state, right?

So singing is putting you in that rest and repair state. Music is putting you in that rest and repair state. So maybe there is something to singing to your green tea.

Yeah. That puts you into when you're in restaurant repair, then you're receptive, right? When we're in fight or flight, we're blocking things from coming in.

We don't feel safe. So in that receptivity, maybe we can have a greater collaboration with the plants that are trying to be part of our healing process.

So how long is this process like when you're working with someone and am I pronouncing it right? Director Diatta Yeah. So Diatta is a Spanish for diet.

Okay, if you were to Google it, you could have like a gluten free diet, but that's a diet in a traditional sense. Is this kind of collaboration with plant medicine for healing.

And so how long, how long are people with you on this healing journey. So it can be as few as ten days or as many as 30 days. Wow, this is amazing. So a couple of minutes ago, you brought up curcumin.

So that is one of the isolates that comes out of turmeric. Right? Turmeric is another one of those highly controversial. Foods. In that so many medical oncologist sites advise against it for people that have hormone positive tumors.

So let's let's talk about what that plant is, what that plant is doing and why why medical oncologist are afraid of it. I have no idea why medical oncologist are afraid of it.

I can't speak to their fear, but what I can speak to is so turmeric is a root that's been used. Also a plant ally that's been used for centuries all over the world.

Part of what drove the spice trade was turmeric. Turmeric and cinnamon were part of what drove the spice trades. And it's an important plant ally for reducing inflammation, for reducing Cox two expression, which is an inflammatory marker that can stimulate tumor growth.

It's important for bringing down insulin like growth factor, which can also stimulate tumor growth. And it's really important for the liver and really stimulating liver cell health.

And so I find it a great collaborator after liver damaging situations like chemotherapy or anesthesia post surgically. So how are the benefits of curcumin in in my mind's eye is so outweighs whatever might be creating some fear in conventional oncology and it's not been shown to stimulate estrogen receptors and it is been shown in my studies and in vitro studies to block breast cancer cell growth.

So the fear around it is boggling to me, but the benefits of it can be many. If you choose to use turmeric in its natural plant form as a root, it's best to use it how it's been traditionally prepared, which is typically in curries with coconut milk and oils.

So the fats really help us absorb the humanoids, the beneficial plant, polyphenols, and then the other things you put in curries as other spices, black pepper, these all these things all help with the absorption of curd humanoids.

Although I have a theory that okay, part of it is what we absorb and part of it is what we don't absorb because I think it benefits our microbiome. Oh, sure.

And I think that the fact that most of it is not absorbed is okay, because I think that it's it's not absorbed for a reason to benefit our microbiome.

And what I what I hear from medical oncologist and I don't know if this is your experience or not, but with regard. To. Turmeric during chemotherapy, because it has such strong antioxidant properties and most of the chemotherapeutic drugs work by creating free radicals.

And so they don't want to interfere with that process. So that that's one reason I hear. Yeah. And another reason I hear is the same thing along with radiation, that radiation is creating free radicals and they don't want you to, to interfere with that process because turmeric, because of its anti-inflammatory properties, would bind some of those free radicals.

And then with regard to Tamoxifen, because Tamoxifen is in its pre form, so tamoxifen has to be converted to its active form, which is and docs happen.

And the way that it happens is it goes through liver enzymes. The C, y p enzymes. And so it is the three and four and 2 to 6. And apparently turmeric can block those enzymes and so it would render Tamoxifen ineffective.

It's my opinion that none of that is true and that I think we're better off taking Tamoxifen and taking turmeric than we are taking Tamoxifen. But that's just my that's just my opinion.

I don't think that the data against turmeric is convincing enough that there had been this goes that all studies that go that go both ways. Yeah this goes to like knowing the drug nutrient impact so with when you're talking about chemotherapy and turmeric, there's actually some chemotherapeutic side increase effects.

If efficacy is sensitized when you use turmeric. And same with radiation, turmeric sensitizes cancer cells to radiation. So my one of my favorite doctors that I got to collaborate with in my residency, he's a radiation oncologist on the cutting edge of radiation oncology, one of the first people to ever implant a localized radiation device into the breast.

So very advanced in his application of radiation. And he used to tell me, I would say, oh, Dr. Willer, this person has sinusitis like has a virus going on right now.

Is it okay if I give them a couple of thousand milligrams of vitamin C so that they can stay on treatment and not go home with a fever? And he'd be like, Why are you asking me this?

Am I asking them how many oranges per day they're eating? Am I asking them if they eat a cup of berries today? Because that has the same antioxidant potential of these like couple thousand milligrams of vitamin C.

So like don't worry about it. And until my profession starts getting really micro focused on all of the plant

polyphenols and antioxidant that are available through diet, anything that we see about antioxidants is rubbish is what you tell me.

And he would say in order for radiation to work, we have to create free radicals. But what we see in our patients is that they start running out of free radicals within a couple of weeks of treatment.

That's why they start getting tired. That's why they get skin impacts. And because they can't neutralize them. Yeah, and if we can't in the. Beginning they.

Was. Yeah, yeah. And if we can't, if we don't have oxidants, antioxidants to create free radicals, then our therapy is null and void. So we can only do so much pro oxidation without balancing it out.

With some antioxidants to continue the cycle of pro oxidation. So this is one of the techniques that we would use in my clinical practice was to do need vitamin C at a very low dose because high dose vitamin C is a pro oxidative thing.

And I think most people don't understand that. So I do want to talk about that too. But at a low dose, it's antioxidants. So we would have them come in for just a couple grams of vitamin C to help improve the efficacy of their radiation therapies and reduce the side effects.

And that's one of the things that I would do when I was working in a radiation oncology unit, one of the biggest radiation oncology groups in the Phenix area.

So there are so many different ways to look at this and I'm just grateful for the doctors I've been able to collaborate with that are like, no, that's that's not how I see radiation working.

Amazing. So there are lots of people who are on high dose vitamin C. So can we talk about what high dose vitamin C is doing, what low dose vitamin C is doing and when to use each?

Sure. So high dose vitamin C is on its own and oxidative therapy and it can be used to potentially block tumor growth and it can be used in addition to other chemotherapy or other oxidative therapies to further deplete the tumor cells, to make those therapies more effective, potentially.

This can be used in early stage cancer or late stage cancer. It can be used as a stand alone treatment. It can be used in combination with other therapies.

And one of the things that's important with high dose vitamin C is to make sure you're repeating your minerals and nutrients when you're undergoing a high dose, vitamin C, high dose vitamin C is anything above 12 and a half grams of ascorbic acid in an I. V..

Just to clarify. But the replenishment is often missed by integrative practices, and that's when vitamin C can lead to high blood pressure renal issues.

So those are some of the potential complications with the pro oxidative version of vitamin C and then the antioxidant version of vitamin C is anything less than 12 and a half grams of ascorbic acid.

And I find that that kind of therapy is very useful. Post-surgical for wound healing is very useful for infection. So sometimes people have infected wounds or they have some sepsis going on and it can be helpful for overcoming that.

Or if you're somebody that's susceptible to see death throughout your treatment process, it can be helpful for that. And so that's how I would use low dose vitamin C was surgically and also in to reduce risk of infection.

Now, are you still talking about giving this I. V.? Because it's hard to get 12 and a half grams of oral vitamin C and. Yes, I'm still talking about IV therapy.

And so what what is your differentiator between oral and IV? Is it 4000? So it's two bowel tolerance and there's usually not a possibility for you to absorb enough vitamin C for you to have this pro oxidative effect.

Some LIPOSOMAL Vitamin C companies would claim that they could treat this pro oxidative effect. But it sounds like you don't believe. Claims made by companies supported by companies in in-house are hard for me to.

Trust. Yeah. And so in either case, what you're talking about, even as the antioxidant dose, you're still talking about I. V. because you can you can then know what what dose you're truly getting.

Absolutely. Well, when we're talking about these kind of interventions, where people are women are having mastectomies and need some real support for wound healing, I would rely more on IV therapy than oral vitamin C.

Turmeric, Vitamin C, and Supportive Cancer Care

Yeah. And can you just go over which vitamin and minerals you're worried about with high dose vitamin C? Mostly we're worried about chelating out because high dose vitamin C can be considered a chelating agent.

And it's been shown to clearly aluminum and mercury. And so it can also kill other key minerals and nutrients in our body. So mostly I made sure that I was repeating my patients with minerals, with a mineral bag and also some B vitamins to help because it is a pro oxidative therapy.

We want to have some B6 on board to help that pro oxidative stress. Hamlin In the future, and if we don't have enough, then we can't utilize that chemical reaction effectively.

Great. And the replication cannot be oral. Or do you do you only use the IV depletion? It can be oral, but if there is any type of GI upset from other conventional treatments or a shift in GI inflammation, you might not absorb minerals very well.

And so. Oral, if you have a. Working guy. Yes, you have to have a working guy. Right. So we've talked about the fascinating work that you do in Peru. And when we started this conversation, we started by saying that you are retired naturopaths.

So can you talk to us because you're clearly not retired. So can you talk to us about how is what you're doing now different from what you were doing when you were in Arizona and why you made that shift?

I think what's different is what I'm doing now really meets that ideal that I entered natural Catholic medical school with of treating the whole person.

And when I was doing I. V. therapies and doing capsules of plants and even mixing tinctures for my patients, I knew that I was still missing a component of their healing and we would do counseling.

So I was trying to address the mind, but there was not one thing that I was using that was addressing the mind and body simultaneously and what I saw after supporting thousands of people going through ayahuasca ceremonies is that it truly addresses physical symptoms.

I mean, I saw people heal from neuropathy, from Lyme disease, from cerebral palsy, and also the mental, emotional symptoms all in one session. You know, it wasn't separated into like you're taking fish oil to reduce your inflammation and you're taking lion's mane to help your peripheral neuropathy and you're taking this other thing for your immune system.

And then we're going to sit over here and talk about your mental, emotional state. It's all happening at once in a 4 to 5 hours acrimony. And I was and I was thinking I was sitting after one ceremony and I was thinking about my clinic.

And I had a wall of over 150 herbs in my clinic that I use with my patients. And I was like, Is there one tincture that

I've ever made that could, in the same night address this sexual trauma and this person's Lyme disease and this person's inflammatory response?

You don't have a magic potion. I, I well, I kind of do now, but I did it. I couldn't think of anything that would be as effective as what I was observing in the ayahuasca ceremony.

So that's why I shifted things. I couldn't go back to do what I was using before, knowing that there was a more effective therapy. Amazing Amazing. So I just want to review what we've talked about today because it's so much and it was so good.

I guess you didn't. Figure you were in for all of this. But we started off talking about the fact that communication is key because so many people are trying to build their team.

And what we talked about in the beginning was that it's not either or. Right. It's ant and we are doing all of these things to complement traditional treatment where you're not advising against traditional treatment.

We are saying if you feel like that will heal you, do that. But that all of this is what is going to make the difference for you. Looking at the whole system, we talked about green tea and its role in healing.

We talked about flax, we talked about soy and GMOs and how that is confusing. Then nutrient. We talked about assessing trauma and making sure that everyone knows their a score takes an ace an ace test so that you can see where you are and you don't necessarily have to unearth that trauma on your own or with your cancer doctor because, as there are people who are especially trained in those areas.

Or you can go and have a ceremony with Dr. Paulson and address and it that way. We talked about all the kinds of plant medicines that you are working with right now.

And also we touched on psilocybin, the research that's happening in this country. At Hopkins, we talked about plants as allies or collaborators. And I love that term, I had never heard it before.

It's blowing my mind. We talked about turmeric. And in that context, if your physician is telling you not to use tumor, are they really saying to you like, don't use it in your food, don't cook with it, don't you know, don't with it?

Are they are they talking about not eating berries and not eating leafy greens and not eating mushrooms and all of these foods that we know are both nourishing but medicinal Because if they're if they're not telling you not to do that, then they then you should not be wary of those because if the in the at the end of the day, we are really talking about food, we're talking about plants.

And we talked about the role vitamin C, high dose, low dose, when to use it, how to use it. And so I love what you've done. I mean, it's certainly ideal and I wish it was an experience that everyone who has breast cancer could take.

Not everyone necessarily needs it. But there are parts of this that everyone needs because we all need. To. Use our diagnosis as an opportunity, an opportunity to take stock in our lives, to look at everything, to look at ourselves as one system rather than these isolated things.

So people who get breast cancer don't have a bad breast and it is a systemic issue. So look to the system, look at the system as a whole and develop a team that understands you and that is working with you rather than just you being told what to do.

And not that you have to be your own doctor or figure this out because there are amazing resources out there like Dr. Paulson, where can people find you in Peru?

Well, my retreat center is called Hampuy House, and so you can find me at Hampuyhouse.com But you can also find me on all the social media platforms, Dr.

Heather Paulson (@drheatherpaulson) and I would love to connect with you. If you are feeling called to explore other aspects of your healing, please reach out absolutely.

Dr. Paulson, thank you so much for being here today and for sharing your brilliance, all of your experience in this space. I know that you are changing the world and really making a tremendous impact, and I am so grateful for you and the work that you do.

Thank you so much.