Introduction and Nicole's Background

Welcome back. It's Dr. Jenn. I am so delighted to have Nicole Saleski here today. She is a Family Nurse Practitioner who has worked with women on hormones and fertility for many years.

And she actually developed an interest in working with women with breast cancer. She's doing amazing things with Mistletoe, and I thought it was a really important conversation to have and bring her here so that she can talk about her experience, what she's doing, and how she's making an impact in the world of breast cancer.

So, Nicole, welcome. Thank you. I'm excited to be here. I'm excited to have you here. So can you just tell us a little bit about you, about your background and how you got into the breast cancer space?

Yeah, I would love to. So, you know, my whole entire life I said I wanted to do anything but health care. I wanted to become a lawyer or do any of these other things.

And I was given a lot of unique opportunities in high school to become a senior. I decided to go to nursing school and the year between my junior and senior year of nursing school, I applied for an externship at St Jude Children's Research Hospital and I was one of four students to actually get it.

And so I spent a summer on solid tumor where I saw kiddos of all ages like brand new itty bitty newborns to 18 plus that were coming in for their inpatient chemotherapy or clinical trials.

I mean, these were the worst of the worst cases that had been all over the place and landed at St Jude to try to find the answer to their cancer care.

And I worked really hard to be able to get a position upon graduation, and they did offer me then when I found out I was actually pregnant with my first child and decided that I wanted to be a little bit more closer to home to raise him.

But, you know, my own health journey is ultimately what led me down this down this path where, you know, I was a nurse and labor and delivery for for many, many years.

And then what happened was I myself got sick. I had polycystic ovarian syndrome. I weighed 265 pounds I was diagnosed with rheumatoid arthritis when I was just 21 years old.

I had eczema from head to toe and I went from doctor to doctor to doctor asking, What can I do to fix me? And the only things that were offered was birth control and steroids.

And for someone who was a young mom wanting to have more babies, that just didn't work for me. And I went on birth control for about 13 years. And when I came off, the birth control is when I had all of my problems got even worse.

And so what happened with that was I just wasn't getting it period, wasn't getting a period and went to a lot of different fertility specialist to kind of see what could happen and what was what I could what I could try, you know.

And they offered me the metformin and the Clomid and all of these things. But I just had something deep down inside that told me, like, I'm not broken.

Like my body didn't just do this just because it felt like it felt like it, you know, there had to have been a reason there had been a why. And when I first did my first detox, I started to be able to feel better about myself.

I started losing some weight, my skin started to clear. I started getting regular periods and I thought, okay, there's something to this taking care of my body thing.

And I couldn't quite connect the dots, which ultimately led me to meeting Dr. Patrick Flynn, who is the founder of The Wellness Way Clinics. And so I started and as a patient with not getting a period at all and it was the first time someone looked me in the eyes and said, Nicole, there is a reason we have to figure this out.

This is not all in your head, and we can help you to balance your hormones. And by my second appointment, I was sold. I pitched myself for a job and the rest is history.

I knew that if I could find that physical transformation in my own health that I would. I wanted to make this a career to influence other women. And so I went from having doctors tell me I wouldn't ever get pregnant without fertility treatments.

Now, having three beautiful babies, all on my own and then helping other women to do the same. But naturally, when that started to bring women into the clinic with hormonal concerns or having gone through a lot of fertility treatments or years of birth control or all these other things, before I knew it, my practice started to shift where it was kind of half and half between fertility care and also women who had special interest and how their hormones were influencing their breast cancer journey.

And so they reached out to me to help, to guide them, to kind of do proper hormone testing, to figure out, you know, you know, do I have to go with standard of care treatments?

Are there other options? And in the turn of COVID in 2020, I just had the stirring in my spirit that, you know, cancer, if it wasn't already in my practice, I just felt like it was going to be coming in more and more and I needed to be prepared for that.

And so I kind of dove head first into figuring out what are all the different things that I can offer.

From Fertility Care to Breast Cancer Support

And I think that it's really important to know that, you know, with typical standard of care practices, the tumor is the bad guy, right? And so a lot of times anything that's offered to a woman is anything to eradicate the tumor at any and all cost to the body, where when you come at it from a different approach and you think of it as a body approach, that there was that there was a bucket, that we were all born with the bucket.

When that bucket starts to overflow, that's when disease progresses. And when we look at what are those drops in the bucket, the microbiome, the epigenetic, or how epigenetics are presenting, looking at your mental stresses and your hormone balance and your immune system and really working on the body and creating that approach, everything starts to change.

And so I started working with these women and looking at that and getting amazing clinical results. And I also found Dr. Nasha Winters, who is a ovarian cancer survivor.

She was given stage four ovarian cancer when she was 19, and she wrote the book, The Metabolic Approach to Cancer. And she taught me a lot of different things when it comes to that cancer care.

And through that I was introduced to Mistletoe and Mistletoe is another amazing therapy that we'll talk about it in a minute, but said that when I was kind of putting together all of these approaches with hormonal balance decreasing inflammation the same way I was helping women to get pregnant.

We also saw their bodies changing to a place where they were able to fight their cancer much stronger than if they would have done nothing with that approach.

And so being able to marry this has kind of now attracted a lot of these women into my practice now. And that's

primarily what I'm working with now. It's kind of now shifted away from fertility and a little bit more into that breast cancer arena.

And it's interesting because the same woman that struggles with fertility is often that same woman who 20 or 30 years later is presenting with a breast cancer diagnosis because it's the same inflammatory factors at the root of infertility that then translates into breast cancer 20 or 30 years down the line.

It's the same exact approach. Whether you're an infertility patient or a cancer patient, it's still getting to the root of the problem and trying to work on the body, not the particular condition.

So talk to us about what are the kinds of things what's your approach to the person that is coming to for help with breast cancer, with the understanding that most people who are coming to you for help with breast cancer, they're already pretty progressive.

They're already thinking outside of the box. They they already know that there's more than just what the traditional medical system has to offer. So can you talk to us a little bit about how you approach that person, how your approach is different, and what kinds of things you're doing with them?

Yeah, absolutely. So again, you know, I think it's it's a lot of times people come at it from a tumor centric approach. We're going to do anything and everything to eradicate the tumor.

But then we don't think about what is that doing to impact the stem cells? And sure, we may be really great at getting rid of the tumor, but now we're left with a body that has simultaneously been destroyed.

And what are we doing to take care of those stem cells to prevent a recurrence? And I think that that's where a lot of people they're not thinking about that.

They're doing everything at the problem at hand, but they're not thinking about what happens 5, 10, 15, 20 years down the road when this comes back and much more aggressive the next time, right? Yeah.

And so I think that I think that what you were saying there is a really important thing to stress. First of all, when we focus on the tumor, we imply that the tumor is the problem, but the tumor is not the problem.

The tumor is the symptom of the problem. And people who. Get a breast cancer don't have a bad breast. They have a disturbance in their system. Cancer is a normal response to an abnormal environment, and it's whatever is shifting that environment, that is the root cause, that is the stimulus for the development of the tumor, which again, is the symptom and not the problem.

And so in in making the tumor the problem and in targeting the tumor with all of these different modalities, I don't remember exact the exact words you used, but it was something like poisoning the system or something to that effect.

It has impact on your stem cells. And I think it's really important to note that when we have these women go through these traditional treatment modalities, as I'm going to use treatment like this, when we have them go through chemotherapy, when we have them go through radiation, when we have them go through hormone blockade, we are actually damaging them and damaging the system.

We are we are causing problems in them. They are not better off after treatment than they were before. In fact, in most cases they are significantly worse after treatment than they were before.

So at what point are you picking people up? Have they been treated already and they want to know how to recover? Are you getting them before they've even started?

I get a combination of the both. I get a lot of curious individuals that have recently been diagnosed and they go to meet with their oncologist to see what their options are.

Then they come to me to see what their options are. I get some people who are in the middle of treatment and they they just know that they are they're not feeling good and they want to know what else they can do.

Maybe their cancer is progressing and they're like, Gosh, I just want to throw everything at it. And then I and then I get people that have already overcome breast cancer are in remission, but they want to make certain that they don't get it back.

So I kind of get the get the majority a lot of different different people coming at me on different things. But I think that, you know, like you said earlier, and I think kind of to put it into a very tangible word is it's instead of a tumor centric approach, it has to be a train based approach and it has to go back to what is it?

That's Dr. Winter. That's Dr. Winters. Yes. And so she she talks about the terrain. And I know you've probably seen those names that are that are going around with the fish, with the dirty water.

And so they say, what do you do with the fish, with the dirty water? Do we vaccinate the fish or do we clean the tank? You know, it's the same sort of idea of, okay, we have we have the we have this dirty water.

We have this, you know, this this suit, this toxic soup within our body. And so we're just going to throw more toxins at it, hopefully hoping that that's going to clean the water when really we just need to maybe use a completely different approach in mortality.

And and don't get me wrong, I'm not against standard of care. I think there is absolutely utility in that. And I think that there's a time and a place for it.

Tumor-Centric vs Terrain-Based Cancer Care

And I think that a lot of times people have the idea that they have to do it completely standard of care or completely, quote unquote natural and that they have to pick.

Then I think that it's important to know that there can be a very beautiful marriage between the two of them. But like, what are we doing to keep your good cells healthy while you're going through treatment?

What are we doing to make certain that we're not feeding the cancer with the things that you're putting into your body? What are some other tools that we have at our disposal that can utilize a strong immune system or keeping the immune system strong while simultaneously doing what we can to kind of decrease tumor burden on the body?

Right. So I think that there is a very delicate combination sometimes that is also warranted for some people that can really get them the results that they're looking for.

Yeah. And I, I say that, you know, people like you and I, we're not out there telling people to not get traditional treatment. It would be irresponsible and shortsighted because if we do that, we alienate all these people that we know.

We can really help. So it's not and or but it isn't. And because if all you do is traditional treatment, you will not come out on the other side better for sure, without question.

But when you treat it as an and not only can you diminish the side effects of treatment, diminish the damage of treatment in enhance the efficacy of treatment, but these people can be better on the other side of it.

Absolutely. But only incontinent. Since will tell me oftentimes when a powerful thing that a patient told me one time she says Nicole, I think my cancer saved my life.

And when she said that she realized I was going down a path of destruction. If it wasn't the cancer that threw up the warning sign that I was sick, it would have been something else.

Maybe it would have been an instant heart attack or something else that my body had menses like. But then my cancer was my wakeup call that things were not right in my body and that it and that it entirely impacted my life.

And because of that, I come out on the other side stronger, a better person, more presence in the day to day, more present with my kids, have more zest for life and just in total gratitude towards this journey and what this has taught me about myself and things that I needed to pivot in my own body, to make me a better person and appreciate life on this earth even more, you know?

So I think that that's also very powerful. And and don't get me wrong, like cancer is never a blessing. It's a thing that's a very hard thing to have to deal with.

I wouldn't wish it on anybody. But to have that perspective on someone who's actually finding it, where she realizes the utility of getting her body healthy, not just for the consuming process, but for the diabetes and the heart disease and that and all the other Alzheimer's and the all the other things that we have that we're dealing with on a daily basis.

So you realize to her the lessons that she learned along the way was the gift. And I think that that's very powerful as well. Yeah. And I, I agree with you.

And I say constantly, cancer is not a blessing, but it is an opportunity. And for the person that engages and for the person that is able to frame it in a positive light, this is an opportunity to live a better life.

Absolutely. And you and I who deal with people who are faced with a cancer diagnosis day in and day out. We have this awesome privilege to see people on the other side living better, richer, healthier, more meaningful, more connected lives on the other side of their cancer diagnosis.

So it's such a privilege. So let's go back to what is your approach to the person that is coming to you with a cancer diagnosis? What what are you helping them with?

Yeah. So initially when I first meet somebody, you know, we we go really in-depth. So at our clinic we have kind of four consults. We have the greets where you and I are meeting together, the gather where you're meeting with my nurse to kind of gather your entire timeline.

You know, Dr. Winter often says your biography influences your biology. So we care about all the little details, like were you a vaginal birth or a C section?

Were you breast or bottle fed? What are the things your mom was exposed to while she was pregnant with you? Where did you grow up? What was your zip code?

What was in your water? You know, kind of what is and. You're asking all of these things so that you can kind of set the stage for what's coming. What are the things that started you up from the beginning, right?

Yeah, right, exactly. Because, you know, once they can kind of see, oh, this person grew up near near a golf course, we had to think about maybe glyphosate is an important toxin in their body, you know, and kind of putting all these things together, you know, the the approach is, first of all, again, assessing that bucket where all of the things that could have gone wrong, where are all the things that were taken advantage of your biology as you grew up?

Because this didn't happen overnight. In fact, they say that a lot of times people have a cancer process happening within their body for 8 to 10 years before it ever shows up on a lab in a scan and we know that that's the culmination of years and years and years of things filling up their bucket.

Right. So I'm asking I care about knowing about whether or not they've had a history of different steroids or asthma. I care about knowing if they've been on hormone replacement therapy in the past or birth control.

I care about where they grew up. I care about the kinds of foods that they ate. I care about, you know, their a score, their adverse childhood events score.

Like did you have a traumatic past that that's now burying within your body? I think that's something that oftentimes gets overlooked is that emotional traumas absolutely can present as disease later in life.

And that's very, very important. You know, we. Know that when we when we look at the population of women who present with breast cancers the early breast cancers, when you talk to them, they have about 30% of them will have trauma in their background.

But when you look at late stage breast cancers now, we're talking about 80% of them have trauma in their background. And we don't think about that as manifesting as physical symptoms, but it absolutely does.

Absolutely. Yeah. And so by taking in all of that that data, all of that information, all of those tangibles, it helps me kind of see where do I feel like are the weakest parts in their bucket?

Like, are we are we focusing because there's a lot of all of it needs to be addressed, but there's a lot of in-depth testing that we do early on to kind of paint the entire picture of what is happening within your body, what's happening on the microbiome level, what's happening on an inflammation level, what are your hormones doing and how is your body metabolizing those hormones?

That's very, very important to see what your body's actually doing with those hormones. You know, what is your immune system look like? And then once we have that picture, we can kind of be able to connect the dots to see where they're they're the weakest, figure out what are the things within them, whether it's working through trauma, whether it's working through toxins, you know, the wellness approach we oftentimes say inflammation is the root cause of inflammation are the three TS trauma, toxins and thoughts.

Right. And so if we kind of address it from that three T approach, what is it? Trauma, what is it toxins? What are the mental patterns that this person is having?

Then as a clinician now, I can look at that and come up with a plan of what it is that we need to do not to treat cancer, but to create an environment in the body in which cancer cannot survive.

Right. So we know a cancer lives off of sugar. So let's cut that out and let's make sure that you are doing adapting more of a ketogenic type diet. What of what about and we know that there are different drivers for many breast cancers.

Many of them you have estrogen receptor positive, progesterone receptor positive. What's happening with those hormones? How is the body metabolizing them?

Triple negative breast cancer is extremely metabolic. It's all sugar derived.

Assessing the Body: History, Trauma, and Testing

So we're looking into insulin like growth factor and other things that might be contributing to that. Right. And we're getting the lay of the land. We're looking at the genomic report of the tumor, what is feeding into that process so that we can know how to do the antithesis of that.

Right. So that we can give them the tools that they need to be able to, again, create an environment in their body in which cancer can survive. Cancer cannot survive in an oxygen rich environment.

Cancer can't survive in an environment that's starved of sugar, you know? So being able to work with the patient on some of those areas and lifestyle changes and detoxing from heavy metals is a big one.

Again, with breast cancer, especially cadmium is something that you're seeing a lot. You know, those are some of

those sorts of things is really important to again, get the lay of the land, get the foundation, understand what's happening within the body and start sort of toxic triggers that people don't think about.

It's like brand new homes or a new mattress or, you know, was what was the event that kind of cascaded some of these things so we can start to change it from the inside out, switching from plastic to glass, water bottles and, you know, different things like that that add up so that we're removing the stressors from the body.

So it can concentrate on what's most important, which are those cancer cells that are multiplying and dividing within their body. Yeah. And so it's important to note that cancer doesn't develop overnight.

Right? So it's a process and people need to understand that absolutely everyone makes cancer cells, right? Young, old, everyone in between we make cancer cells.

But an intact immune system kind of keeps that at bay. And so it's this modeling process for sure. But for a period of time, the cancer, because everyone doesn't get cancer, right?

So for a period of time that immune system is containing it. And then there's some trigger, something that allows that cascade to continue. And those are the things that, you know, when you talk to someone so often within like one, two, three years of their diagnosis is they will be able to tell you about some triggering event, right?

A divorce, a death in the family, having to care for a family member who's very sick like these things we see all of the time. And so there's so it's so important to maintain your immune system.

And you talked about that, that you look at the immune system. So can we get a little gritty and granular and talk about like, how are you assessing people's immune systems?

Mm hmm. Yeah. There's a lot of different ways in which we can assess what's going on with the immune system. But like, for instance, we have an immune panel that we have lot that we run a lot with in our clinic where we're looking at their CD4 cells, their CD3 cells, those helper T cells, the CD8, the tumor suppressor cells, your natural killer cells, your CD 19, your, your B cells.

I'm curious to see what all of those where all of those are ads to be able to assess, is this person immune compromised? Does it look like things are going where their immune system is trying to fight really rapidly?

A lot of times we'll see that a lot of these cells will be diminished in some of these patients, but not all of them. Sometimes they come back perfectly fine, but they still have a cancer diagnosis.

And what's interesting and one of the hallmarks of cancer cells is being able to evade a normal immune response. Right. That's what makes some of those cancer cells so dangerous sometimes.

And so sometimes we'll see there. But a lot of times we'll see some sort of hiccup within that immune system that needs addressing. Another thing that's just very simple in like a very cheap CBC, you know, the most basic the most basic lab on the planet costs us $5 to run through our local lab.

You know, you can look at some like the neutrophil and lymphocyte ratio of, you know, where are we at? And for an ideal person, we want that neutrophil and lymphocyte ratio to be about a 2 to 1.

And so for some people, you know, we're going to see that getting closer and closer together or have the neutrophil or lymphocyte ratio completely flipped.

And so we know that there's going to be some impact to the immune system, but there are five labs specifically that I run as my backbone as my tried and true that I do every single month on patients that are considering to assess the terrain.

And this is per Dr. Nisha Winters again but we have that the CBC with differential, we have a C and P, you know,

looking at their electrolytes, liver, kidney function, those sorts of things.

We look at their ESR or their sedimentation rate. The higher the ESR, the higher inflammation, the thicker the stickier the blood is. And that can kind of create a scaffolding that can help cancer cells move about the building.

We look at the C CRP which is looking at overall inflammation within the body. What's that doing? And then we look at LDH with ISO enzymes. So lactate dehydrogenase with ISO enzymes, which is a byproduct of AB normal cellular metabolism.

Okay. So if those five labs are stable, I have a 2 to 1 ratio. I'm happy with where my white blood cells are moving. My white blood cells are. I have a very low CRP, very low ESR, my LDH is below 150 and we have those ISO enzymes looking normal even if they have a tumor.

I know that we are in the driver's seat, not the cancer. Yeah. Okay. If any of those cells become abnormal, then we know with the cancer can can get ahead of us.

We need to. We need to we need to buckle down in X, Y and Z. But if those five labs are stable, like I said, even if there is a tumor, we are in the driver's seat.

And that's a very important place to be. And until those get to be stable, you know, there's going to be different modalities or herbal treatments or other things I bring on board to help to stabilize those numbers.

And so and so that is going to be my reassurance and it's also going to be my PIs. So if I had someone that's in standard of care and utilizing me on the side and we see those numbers go completely berserk after they there are three or four rounds into their chemotherapy that it gives me the confidence to say we need to consider a pause here.

Your body is not doing very well right now and this is going to continue to have more destruction. So I think that the benefit of us doing things like that every single month allows us to know if what we're doing is working.

We got to keep going. Or. If we need to pivot and to not be afraid of the pivot. You know, there's no there's no rule that says you have to do 12 rounds of chemo or you're not going to get any utility from that chemotherapy.

You know, like it's okay to take a break and to pause and to kind of pulse press any therapy, whether that's dinner, and to. Recognize things and to recognize that that's not working for you.

Right. Because I know that these chemotherapy trials are the number of people that have to have a positive response in order for a drug, a chemotherapy, drug and regimen to come to market is exceedingly low.

I can't remember if it's 8% or 12%, but we are not clear. We are not talking about big numbers. The vast majority of people do not have a positive response to chemotherapy.

The vast majority of people have either a neutral or a negative response. Well, and oftentimes we're doing max tolerated dose, right? Like how much can we give them before their body really starts to crumble when in reality, we should be asking the question, well, how little can we give them to get the therapeutic benefit and not simultaneously be destroying the body, you know, which is a whole another therapy, you know, with metronome and chemo and other things that other people are trying with daily doses of chemo are still getting the same results as those that are taking the drug at huge capacities.

You know, I think that that's a really important point, too. Yeah, absolutely. And also all of those markers that you talked about, if they are in a normal range or an ideal range, we also know that this is probably an indication that their metabolic health is in good shape.

Correct? Right. Speaking along those lines. Yeah, because cancer is a metabolic disease. I mean, we know that cancer is a parabolic disease.

Immune System Markers and Metabolic Health

So speaking along those lines, are you monitoring insulin? How do you feel about that? What about continuous glucose monitors? Tell me. Tell me your intake about that.

Yeah, no, I do like that. I do address insulin, A-1. See insulin like growth factor. IGF one are other things that we are monitoring. I'm usually on a quarterly basis, not necessarily a monthly basis.

I think that there's been a lot of people that got really excited about insulin potentiated therapies, you know, where they're giving them high amounts of insulin to drive down the glucose and then hammering them with the therapy.

According to I haven't seen this a lot in my practice, but I know with Dr. Nisha she mentions a lot of times people got really excited about those things, but then we saw them long term kind of backfiring a little bit.

And I think that it just comes to my face. I think Dr. Conaway is still doing okay. Insulin along with low dose chemotherapy. Low dose, yeah. Yeah. So I think there's a lot of different approaches.

I'm not getting into any of that in my practice, but I do think that it's very important to know that, yes, IGF one is a growth factor for a lot of different tumors.

You know, and there's a story that was just shared in our community just last week that I think is very interesting. She was in ovarian cancer patient and she was doing everything perfect.

She was getting all of her meat from a local farmer. She was making certain that she wasn't eating any sugar. She was doing everything she could to get toxins out of her body.

And all of her labs were super stable, but her IGF one kept creeping up, creeping up, creeping up. And they couldn't figure out why. Well, come to find out that the farmer that she was buying her, what she thought was grass fed, grass finished meat from was actually getting conventional meat from Costco and repackaging it and selling it as grass fed grass meat.

And he was actually arrested and they found out about it. She was mortified. She went to another another farmer crossing her fingers, hoping this guy was trustworthy, started eating grass, fed grass, finished meat.

And before you know it, that IGF one started creeping down. That was the common denominator was conventional meat that has, you know, hormones and antibiotics and other things in it versus grass fed grass finished meat and her diet.

And that was the one thing that would cause her IGF one to go from high to low. So I think that we we have to be picky. You know, we have to know where our meat is coming from.

We have to know what are the things that we're exposed to everyday because it could make the difference in someone's labs, something as important as the type of meat that we're eating.

And I think some times people say, if I'm not using Rory, yeah, like there's there you have to dig, dig deeper and be asking those questions and not just thinking that everything is going to be okay because you're just giving up sugar.

There's a lot of different factors that when you get into that and you have a very like ovarian cancer is very aggressive. When you have those types of things, it's very important that you know exactly what it is that you're dealing with every.

Day Yeah, along the same lines you talked about hormones and how are hormones are being metabolized. So can you can you talk a little bit about what you're looking for in the breast cancer patient and and how you're helping them to optimize their hormone levels?

Yeah. So one of my favorite tests of all time is the Dutch test from precision analytical, and that is looking at the hormones within the within the urine and how the liver takes that and breaks it down various pathways.

And there's a particular pathway on that test. It's that turns into a metabolite called four hydroxy estrogen. Okay. And so with that particular metabolite, when you have too much estrogen going down that pathway, that's what can release some.

QUINONES It can cause oxidative stress and DNA damage to your DNA. And that's where we have to worry about how this hormone can be used as a driver to fuel your to your tumor growth.

Right. And capacity or even the risk of developing that. So for my women that don't have a breast cancer diagnosis yet, if I see that's how their bodies metabolizing it, I have to be intentional about making certain that we're following up with that and that that is normalizing.

One of my favorite things is an herb that we have here called Japanese knotweed that's very high in resveratrol and that helps to block that pathway. And so that's something that I put a lot of different people on or antioxidant therapies, you know, different things that we can work on to help to repair and damage that DNA.

Astragalus is another herb. That's a huge I love the use of Astragalus to help to heal and repair damaged DNA. So depending on those patterns, you know, I don't I'm not a fan personally of using hormones to correct hormones.

Like I just don't think that that makes a lot of sense in my world. You know, I don't ever see someone with, you know, estrogen dominance that recommending birth control for or any of those things.

But what I'm asking is looking at how the liver works, looking at which pathways need to be optimized. I may recommend some certain strategies or some certain herbal things or different detoxes or different things that I'm going to be giving their liver to help them to clear this in a safe way and make certain that their body is metabolizing those hormones correctly.

So for my breast cancer patients, I like to see that at least every six months to make sure that if there's any change in that, that we're that we're pivoting to meet those needs, whatever those needs may be.

And cruciferous vegetables is another huge one that's not an herb or a supplement. But they can help can can take and take some of that hormone and get it out the door.

You know, so for for my patients, I oftentimes recommend nutritionally this is from Dr. Terri walls with the walls protocol. But a minimum of nine cups of veggies a day, three cups of your dark leafy greens, three cups of your cruciferous and three cups of your colored vegetables like your eggplant and your asparagus and radishes and things like that.

And so as that, as your foundation, you can get a lot of those micronutrients and a lot of utility for hormone balance, even with just the food that you eat and like.

And you're also getting a lot of fiber, which is helping with the hormone detoxification. Correct? Yes. And looking into certain enzymes such as beta glucan days as an enzyme that can make it difficult for the body to clear estrogens.

Is that a problem in a person? You know, all of those things are things that we have to ask to make certain that what we're recommending can be used to be able to say get to get that out of the body or even the timing of a lumpectomy.

Right. So so when you are doing a lumpectomy in the luteal phase, there's going to be a lot more active hormone within the breast tissue versus doing it in the follicular phase.

There's not going to be as much hormone there. So so then you don't have to worry about disrupting that mil, you

know, with even the lumpectomy timing itself.

And so I think that is a very important is. Are there any studies on lumpectomy and to a recurrence in follicular phase versus luteal phase or just that little.

Tennis? I don't know of any I don't know of any in particular. I'd have to go back in the archives and check. But that's just something, you know, in my mind that's thinking, Oh, interesting.

I never thought about that before. I'm going to look at that. Yeah. Yeah. So thinking about, you know, again, are you are you cutting out hormonally dense tissue or not?

Right. Is that going to be a risk for spreading some more of those cancer cells if you're doing it during the luteal phase when there's a lot of that hormone activation? Right.

Yeah. Well, I'm also thinking about it in terms of what the tissues are actually like on a cellular level. Having spent 20 years as a breast surgeon. Right.

The breast tissue is markedly different in the follicular phase than it is in the luteal phase. I mean, in a postmenopausal woman, it's not going to matter, but in a premenopausal woman.

I had just never thought about that before, certainly not during my time as a cancer surgeon. So that's so interesting that you mention that. Yeah. Yeah, I.

Want to I want to while we're on this topic of hormones, because I am a firm believer that your ovaries do not cause breast cancer and it's not the estrogen in our body that is causing breast cancer.

You know, God doesn't make mistakes. He defined a perfect machine and it is only the imperfections of the world that cause dysfunction.

Hormone Metabolism, Diet, and Xenoestrogens

And there are a lot of estrogen impostors out there. Right. We are surrounded by xeno estrogens. So can you talk a little bit about what is the xeno estrogen?

What does that mean? What are they doing? Because they are all going down that 1b1 pathway that you talked about, that dangerous pathway that leads to quinoa and for four hydroxy estrogens.

So you talk a little bit about that and so that people can be aware. Yeah. So xeno estrogens are estrogen like compounds or chemicals in there that mimic that within the body and are known as endocrine disruptors and endocrine disruptors.

They're really, by definition, anything that's going to destroy your hormonal milieu. Right? And so a lot of different things that that are those estrogens are like your BPA, your phthalates.

A lot of traditional cosmetics that we have here in the United States are full of these things. You know, your nonstick cookware, your plastics, you know, different types of your flame retardants, the things that are in your in your your new mattresses, if they're not organic, you know, there's a lot of different chemicals that are that we are surrounded in, you know, and it's impossible to live a completely toxin free lifestyle.

I mean, you just step outside. You're breathing in something from a factory, right? But I think the more there's there's more and more things that we can control and controlling what we can significantly decreases the amount of these estrogens that you are exposed to on a daily basis.

Right? Like switching from nonstick cookware to a stainless steel or cast iron, switching from from your plastic water bottles to glass, switching from, you know, your, your, your, your cosmo to something that's a little bit that's

organic.

You know, looking at the EWG app, seeing how many of these chemicals are found in your cleaning products in in all of in your perfumes is another big one that I think a lot of people are spraying it.

They don't think about your skin as the largest organ of your body. So we're using perfumes and lotions and all these things all over our body, our soaps, you know, that is messing with our hormone balance.

And so it's really important, you know, as you are starting to open your eyes to all of these toxic chemicals. It's absolutely worth investing in higher quality products that aren't going to mess with your hormones.

Yeah, and it does feel intimidating and it does feel like everything causes cancer. Right. But I think it's really important to note that little changes matter and little changes will benefit you greatly in the long run because the less you put in, even if it's just a little less, the less you put in the better, right?

We all need to decrease our toxic burden that bucket that you were talking about, we need to stop filling our bucket so quickly and you can't change everything at once. And.

You know, I would never recommend it. I'm sure you would never recommend people change everything at once, but changing little bits at a time like little changes add up.

And it actually is more about simplifying your life than making it more complicated right? Absolutely. I think, you know, like you said, small things add up and you just got to start somewhere.

You know, maybe for someone who really loves to cook, it's it's tricky trading out that one frying pan. I'm not saying you have to do the frying pan and the soup, you know, the things and then all the sauce pans and all the different things, right?

Like maybe that one frying pan that you use all the time. Maybe flip that out first. Yeah, just doing one thing after another and eventually you'll have, you'll have the cupboards cleared.

But I've been at this for, I've been with the one this way for seven years and I've gotten close, but I'm certainly not perfect myself, you know, from the type of ho hum water filtration systems from, from all these other things.

Like there's so many, so many rabbit holes you could go down in things that we could do better. But I think that it's really important to to just again, like you said, start somewhere. Yeah.

And you don't have to do it all and you don't have to do it all perfectly right. There's for so many things. Good is good enough, but we're so unaware as a society as to what that even means because we've come through this system that only knows failure.

Right. And so, you know, the work you do is about really optimizing people's health. And most people don't even know that that's a concept. I mean, how many people do you work with that didn't realize how sick they were?

Didn't realize that they thought that it was normal to feel this way. I mean, think about so many people. Go to the doctor for years before their. They.

Get their diagnosis she's saying like I just don't feel well and then what are they told all your tests are normal. Normal. Yeah. And I'm sure you've heard this too, Dr.

Jen, where some people say, I kind of I kind of laugh. They're like, I was really healthy until I got cancer, you know, you hear that? Because you're like, I really thought I was doing all the right things.

I thought it was fine. And then all of a sudden, one day I had cancer. Well, no, it wasn't just one day you had cancer. Like, but let's take a look at what you think health is, you know, and I think a lot of times people don't

realize how good they can actually feel or they don't realize how sick they actually felt until they start feeling good.

You know, I know that that was that was my story anyways. You know, it wasn't until I started losing my weight and had my eczema gone and my rheumatoid arthritis gone where I was realizing cash and I'm not doing a pill to do that.

Like I have energy when I wake up, I'm not dragging all the time. And then if I were to fall off the bandwagon, more stress eating things I know I shouldn't and all this stuff and then feeling bad.

Now I realize, oh my goodness, like, I don't ever want to feel this way again. And this is how I felt all the time before. Right. And so I think as people go through their journey and they start feeling good, they they don't realize sometimes that they're sick until until they start feeling better and they realize how good they actually can feel.

Yeah. Lastly, let's talk about some of those things that because you hit the nail on the head, I would say almost everyone that comes to me, not everyone, but almost everyone comes to me and says I'm healthy except I have breast cancer.

Right. So there are so many things that people think that they're doing that are healthy, that actually aren't. So what are some of the what are some of your favorite things that people say to you that they think are healthy, that actually aren't?

Yeah. Oh, this could get a little juicy. Some people might be upset with us on this. This means things. But I think one of the biggest I think farces that we're seeing and I think this was more popular maybe five, ten years ago where there was kind of this health kick where everyone should get off of dairy milk and drink drinking.

Soy milk, I think is one of the big things. And soy being a phyto estrogens. We talk about zino estrogens before, but soy actually having some estrogen components within the soy itself.

And so I think we have soy that made a big impact and has been hidden in a lot of our natural foods today. You know that they have that soy, I think, you know, and Dr.

Patrick will say this all the time. Also, most of the soy in, at least in this country, is GMO soy. Right? Yeah. Yeah. And so it's you know, it's not even real, real food at this point.

Yeah. You know, so and so, I think. And it how, how funny is it that you have to search for real food to make sure that it's like real like 50 years ago it would have just been called food.

Now we have a special section for that right in the grocery store. I know. And so, you know, before there was and I oftentimes often joke, you know, there used to be we used to be amber waves of grain.

Now it's how many how many little things can we get per yield? You know, take be this genetically modified like it doesn't really where people say that they're eating whole grains you know or things like that or even if they go gluten free, but now they're eating a whole bunch of rice all the time, you know, like there's a lot of different things that are eating right.

Foods that are pure junk food. Right. Gluten free Oreos. Well, the think. Gluten free means healthy gluten. Right. It means that it doesn't. Contain wheat or or barley or rye or that that's what genes doesn't it doesn't matter.

I had a patient tell me that they're like, well, I'm eating the gluten free Oreos. Like, what is the big deal that like it's not any better. Like it's just using rice and more chemicals, right?

So I think that that's a big one to that as we've had a lot more of these health foods being created we're using to get them cheaper using things. We're taking out the fad, right?

So this happened like what, 15, 20 years ago with the fat free thing. People were thinking that they were eating

healthy by eating all these fat free foods when in reality they're taking out the fat and replacing it with sugar.

Like, that's not any better for you. I prefer you have the full fat product, right? And so I think that there's a lot of the types of foods that we're eating.

I think personally I think that you can't be 100% healthy and the entirely vegan either. I really think that you need some of those animal proteins now, grass fed grass finished animal proteins and organ meats.

I think organ meats are the best nature's multivitamin on the planet, but I think a lot of times people think, oh, I'm cutting out the meats when necessarily the meat isn't necessarily the bad guys.

It's conventional meat that is right. And so I think that that is a that's another one. I think that irks me sometimes. It's very difficult when you have a particular patient who is a vegan endurance athlete that's pushing themselves so, so, so hard every single day that it's damaging their cortisol patterns and things like that when the world sees, Oh my goodness, here's this vegan iron man and I see, oh my goodness, I'm going to have I'm going to have some work to do on this one right.

So the women that are super into a lot of these really aggressive workouts is is can ruin their hormone balance and make them very sick. And so I think that those are, I guess, a few examples of some things that I see each day where people think they're doing really well when in reality they're beating their bodies up every single day.

Yeah, that's one of the whats also one of the biggest things that I see is exercising and it falls along that mindset that I think we suffer from in a lot of areas where if some is good, more is better.

Right? And so people don't realize that, you know, there is well, first of all, we are modern beings living on a very old gene code. So we are designed to be that fight or flight sympathetic state for very short periods of time.

Mistletoe Therapy and Immune Support

And if you're an endurance athlete, if you're living a terribly stressful life, if you're hooked into social media, you are in this constant fight or flight state.

And remember, we were meant to come out of the cave in the morning, encounter the saber tooth tiger, get a hold surge of cortisol and and epinephrine and norepinephrine, be able to either run away from the tiger or die.

But we aren't meant to run away from the tiger for 3 hours or three weeks or three months or three years. But we're living in this environment where we are so on all the time.

So stimulated all the time in this sympathetic phase all the time. And it's just creating inflammation, creating inflammation, creating inflammation and, you know, people's artificial lives.

Yeah, artificial light, too, I think is a big one. Like how many of us are glued to a screen with the blue light coming through our eyes that are damaging our pineal gland and our body's ability to make melatonin where we can get the good sleep.

And how many how how many of us are actually spending more than 15 minutes a day outside every day, you know, getting out in nature, getting grounding, you know, breathing in the air.

That's the trees. In fact, there was a study out there once that showed that your chance for getting cancer was significantly decreased. If you did at least a two week practice of forest bathing in a year.

Now, no technology, no cell phones. You just sat there and were among the trees for two weeks that that significantly decreased your chances for cancer.

And but who who has the opportunity to do that? Who's doing that today? You know, I know for me and my office

and my practice, I don't even have a window.

I can tell if it's light or dark out there. And and, you know, we go home and we're watching watching more screens are doing, you know, on the on the computers or the phone.

I mean, we are constantly destroying our body. And I think a lot of people don't recognize that every single cell in our body, every single one has its own circadian rhythm.

And we're supposed to rise and fall. The temperature is supposed to rise and fall, which is what we try to achieve with mistletoe as well. And and when we have that rise and fall.

But a lot of times we're doing the opposite. Or now the American Cancer Society has deemed shift work as a known carcinogen because it goes against your biology.

And so people that are working the night shift, they are also at higher risk when they think, well, I'm still getting my sleep throughout the day, I'm just doing it opposite.

Well, no, we weren't created to do it opposite. You know, that that's that's not how our bodies were designed, as you say. And so a lot of these are playing a role, I think, today.

Yeah, absolutely. So I feel like we didn't really talk about mistletoe enough and. I, I do want to make sure that we cover that. So can you talk a little bit about that therapy, that modality, what it's doing, what the benefits are, who's a candidate, who's not a candidate, that kind of thing.

Yeah. So mistletoe is my new baby. I love it. It has been around for. And what? Mistletoe. Yes. People are like, really? The thing that you kiss underneath for Christmas? Yep.

That's really what we're talking about. That part of the plan that's is an amazing medicine and it is used all over Europe. In fact, it's it's required if you're doing standard of care and chemotherapy that is simultaneously mistletoe.

And some studies have shown that people that do mistletoe alongside chemotherapy decrease their chances of side effects by 60%, 60%. And so why this isn't standard in America?

Well, I mean, I have my theories, but I think that it should be you know, and I'm hoping that you know, those. Numbers are astounding. Yeah, I do. I'm hoping that with time and with more and more case studies, I'm working to get some of these published to be able to show look at people are getting good utility through the use of mistletoe that I think hopefully it will become more readily available.

But right now in the United States, there's only one pharmacy in the entire country that actually manufactures mistletoe. And it happens to be in East Troy, Wisconsin, of all places.

And what happens is mistletoe is it's a parasitic plant. So what that means is it doesn't exist on its own. It has to take advantage of a host tree. So whether that host tree is birch or fir or an apple tree or pine tree, it's going to change the concentration of lectins within the medicine to elicit a type of an immune response.

And so Rudolf Steiner kind of is the guy that put two and two together, and he was walking through the forest. He saw mistletoe growing on the tree and he saw the mistletoe taking advantage of that host tree.

And he said, Gosh, this is kind of like a tumor. This is kind of like a cancer cell where it's kind of taking advantage of its host. And without that host tree, it can't survive.

And so he came up with this really unique way of kind of pulling the constituents from the mistletoe to make this medicine. And and what it does is it works with that circadian rhythm within the body to help to raise your body temperature.

And what happens when you get a fever is you're stimulating those white blood cells, right. To be able to then go and activate and fight whatever virus or pathogen that you've come across.

And so with mistletoe, it is used as a subcutaneous injection underneath the skin. It can also be offered I. V. But what it does is it creates a little localized reaction underneath the skin, and that's what we want to see.

That means that it's working and it shouldn't be a big one, no bigger than the size of a quarter. But it's showing that by going in that subcutaneous tissue, that's where 70% of our immune system is lying.

It's activating that immune response to be able to increase those cells, those natural killer cells, to be able to do surveillance on the tumor. And it kind of creates that intratumoral inflammation.

So you want to stop it at least six weeks prior to any scans because it might make the tumor appear bigger than it actually is on a scan. So you have to be careful with that.

But in the same breath, you also have to be careful with brain lesions because you don't want to be creating an inflammatory response within the brain.

Right. So not everybody qualifies for this type of cancer, but I'm sorry for this type of therapy. Excuse me. And I think it's very important to also note that this is not in place of standard of care.

This is used a used along side of it. And it's not its own treatment. We can't make any claims. This does not cure cancer. I want to be very clear about that.

But what it does is it really supports that normal immune response that we were talking about later in a very, very powerful way. Okay. So by helping to increase those natural killer cells and our in our CD and helping to keep your immune system robust while simultaneously going alongside standard of care, high dose vitamin C treatments or other things, it can be very powerful.

It can be a very powerful modality to add into your arsenal. And and mistletoe is more of a marathon. It's not a sprint. You're not going to see really robust results within a month of taking it.

And I oftentimes tell my patients, if you're going to start it like I want you to commit for at least two years. And once we get out of the woods, so to speak, and we're seeing that things have then things have been stable for a certain period of time.

And and we also know that the like you're your trifecta, the five labs that I was talking about before has been stable. And, you know, your body is kind of in remission.

Then we can look about doing a treatment like seasonally for a while summer, spring, winter and fall and then once a year kind of as a prophylaxis. And so some people take it as a prophylaxis without a cancer diagnosis just to help their immune system keep it strong.

And there really isn't any contraindications for mistletoe use except for if you have a lesion in an area where that intratumoral inflammation could impact other things.

And so those are things that we have to be careful for. And if you don't qualify for mistletoe, likely you qualify for laborious, which is another medicine in the Anthropocene topical medicine, the Christmas rose, which is also modulating the immune response but in more of an anti-inflammatory way, and that one you can use via injection or inhalation.

So that's got great utility in people with lung cancer and things. But for the breast cancer conversation, mistletoe is typically the one that I'll use most often.

Does it matter when you give mistletoe like early in the day? Later in the day? Yeah. So I prefer to do it earlier in

the morning because earlier in the morning, again, it raises that circadian rhythm.

It's kind of mimicking that process within the body. And I'll actually have my patients track their temperatures four times a day before starting it for four days.

And then as they start it, they can see a lot of the cancer patients as they're tracking their temperature. There are a lot of them are flat lined and a lot of them are very cold, you know, 97, six, 97, seven that they're doing every day.

And then when they start the mistletoe, it's interesting because then you can see this this up and down that pattern that can kind of form by by getting that on board, which is which is this up and down rhythm.

That's the rhythm of life, right? Like that's that's your cortisol rhythm. That's your that's your heart rhythm. That's that's that's how that this is light, right?

Closing Thoughts on Healing and Empowerment

When you're looking at a at a cardiac or a cardiac EKG like this is like this is not, you know, and so being able to help to bring that back has been a very powerful in a lot of patients, aside from just helping with the immune system and the tumor burden, also recognize that as there there's some sort of rhythm being brought to their life a lot of these patients report just a better quality of life, just feeling more grounded, feeling happier.

It's been used in palliative care to help people just feel a little like a sense of center. So I think, yes, it is a medicine that's used in a concrete data immune system, but I do think it does have some utility in just kind of the spiritual component of that as well.

Amazing. So I want to be respectful of respect. I love your time and you have been so awesome. I think that we're going to have to have a follow up conversation because there's just so many nuggets of wisdom here.

But just to give you a little bit, we talked about this concept of cancer happens when your bucket overflows, right? Like we have a finite ability to deal with toxins and toxins come in all different kinds of forms.

So there are some toxins that are obviously toxins like chemicals and things like that. But relationships can be toxic. Trauma can present as a toxin.

You talked about the traditional tumor centric approach and why that doesn't work and why it's so important to have a whole body or terrain approach. We talked about The Wellness Way approach, which are the 3T's. Trauma, toxins and thoughts because your thoughts can also toxic and what you think about.

grows, so we should be really intentional about what we're thinking about and how we're thinking. We got deep into hormones, into the immune system, into xeno estrogens, and we talked about creating that environment in your body where cancer doesn't survive, right?

Creating an environment that is hostile to cancer and instead allows your health to flourish. We talked about the five labs that are essential to knowing that you are metabolically healthy and that your inflammatory system is in check.

So we talked about doing a CBC, a CMP, a SED rate, a CRP, a C-reactive protein, and LDH with isoenzymes and that in fact, there can be a beautiful marriage between traditional treatment and this holistic approach.

And case in point is Mistletoe and what that does to enhance treatment and enhance the strength and health of your own immune system. Any closing thoughts.

No, I love what you said about sometimes a toxin can be a relationship. Oftentimes we'll say the some for unfortunately for some women like the best surgery that they can sign up for is a husbandectomy for some of these people that are in very toxic relationships, I think it's very important that we that we address, like you said, from the

3T's. trauma, toxins and thoughts, what are we doing to work on the body from the inside out?

From a physical aspect, yes. But an emotional spiritual aspect is just as important and is something that we cannot ignore. Yeah. And then again, cancer is not a blessing.

It is never a blessing, but it is a blessed opportunity to take stock in your life, see what's working, see what's not. And it does present you with the true opportunity to live a healthier, more fulfilling, more purposeful life.

And I think you're seeing that time and time again. I am so grateful for you and what you're doing and how good you are really helping to enrich people's lives and I hope that talks like this will not only inspire people to ask questions, to do more, to engage in their own health, because as you and I know, we can't be the hero of someone else's story.

Right? They have to do the work but we can be trusted guides. And this is where I think traditional medicine really fall sure because doctors want to be the hero of people's stories and they can't be because there is no drug, there is no pill, there is no treatment. There is no surgery, there is no chemotherapy that's going to heal someone.

The only person that can heal you is you. Absolutely. It was great to see you today. Where can people find you? Yeah. So if you go to thewellnessway.com, I am with the Wellness Way, Green Bay and we have clinics all across the country.

But but it would be an honor for me to serve you great. Thank you so much. And we'll make sure that we post where people can get you. And I know that we're this is the first of what is certain to be many many many conversations between us because we really see the world in similar ways.

Nicole Saleski, thank you so much. Thank you very much. You're welcome. Bye. For now. Bye.