

# **Transforming Cancer Care & Prevention**

**Nasha Winters, ND, FABNO**



**Rebekah Kelley:** Welcome to the Humanized podcast, all about personalizing your health. I am your host, Rebekah Kelley, and today we'll be discussing the future of health care with Dr. Nasha Winters, naturopathic doctor. Before I introduce Dr. Winters, I want to remind everyone to subscribe and get all of the other varieties of casts in audio, video and transcription at [HumanizedHealth.com](http://HumanizedHealth.com). I'd also like to thank our lead sponsor, Village Green Apothecary, at [MyVillageGreen.com](http://MyVillageGreen.com).

A little bit about Dr. Nasha. She has been on a personal journey with cancer for the last 30 years. Her quest to save her own life has transformed into a mission to support others on a similar journey. From survivor to physician, and then from physician to mentor, Dr. Nasha is teaching physicians and practitioners how to treat cancer with an integrative approach that focuses on the patient and not on the tumor. Now Dr. Nasha Winters is on a mission to build the first inpatient integrated facility, focusing on the terrain-based metabolic approach to cancer treatment.

Dr. Nasha, thank you so much for being here with us again.

**Nasha Winters:** Such a total pleasure to be with all of you. Thank you.

**Rebekah Kelley:** Well, I cannot wait to hear about your perspective on the future of healthcare. And I know that you've shared that you're doing some really amazing things to help change the way we approach cancer care. Can you share with us what you're doing?

**Nasha Winters:** Sure. Sure. You know, as someone who's been on this journey for myself over 30 years now – it just kind of blows my mind to say that out loud – I, myself experienced, as well as tens of thousands of patients have voiced their dissatisfaction with the current medical model and the limitations as such. It's not to say, throw it away. It's to say, how can we do better? And how can we take the best of ancient practices to the best of modern practices and put them together under one roof and make it accessible and applicable to all. Because right now, for someone to think about doing an integrative approach to cancer, first of all, the options are overwhelming. At the time of my diagnosis 30 years ago, there was no Dr. Google. Okay? [Both laugh] So I was left to my own devices. Oh my goodness, and that is a dangerous place to be. I tell people, sometimes I think it's easier for me to have been diagnosed then than it is to be today. Because at least then I had to go through the Dewey decimal system to find a book, sit down and read that book and make some sort of critical decisions for myself. Did it resonate? Did it not? Today, it's got all of the thoughtful, well-meaning advice coming your way in just massive amounts of information. And so we have to sift through a lot more misinformation to get to what's true to the core for us.

So the idea is that, most people who can afford an integrative approach to cancer, they are absolutely paying out of pocket. They are remortgaging their homes. They're selling their kidneys, they're having GoFundMe's. I mean, it is very expensive to take an integrative

approach to oncology because if it's not within the model of "slash burn and poison," which is sort of the moniker for surgery, chemo, radiation, then that's typically not covered by insurance. So folks who get resourceful enough to look at what else is available to them often shut down because of the finances, or they try and cut corners, do it on the cheap themselves, and actually cost themselves more in time and resources because they're trying to do it "on the down low, on the cheap." Right?

So how about having a place, where I spent nearly 30 years traveling all over the world to curate the best of the best from what standard of care medicine has to offer, research has to offer, alternative medicine has to offer, and truly blending the best into a true integrated, multi-modal model. That's what I've been on a mission to do and curate for myself, as well as thousands of other patients. When I send a patient out to get treatments, they often have to go to multiple places. That's exhausting and expensive and not realistic for the vast majority. So here's where this vision about 28 years ago started to take form in my brain, as I realized how much I had to do. It was a full-time, full-time job for me just to figure out what's going on for myself and find ways to manage what was going on with me. I have definitely spent the last nearly three decades figuring out a way to do this under one roof. And that dream is finally coming to fruition in a residential, nonprofit integrative oncology hospital and research Institute that is literally growing like a crop on a 300-acre regenerative farm to help people know how to live healthy, to actually model how to live healthy on an unhealthy planet, and for this to be made available to everyone across the board. No matter your financial situation.

**Rebekah Kelley:** Wow. Wow. Can you talk about the Metabolic Terrain Institute of Health and your mission of creating a movement to revolutionize cancer treatment and prevention? I know you're kind of describing, and I understand where you've come from, and wow, I want to hear more about this 300... I mean there's, I've got so many questions, they're overwhelming me.

**Nasha Winters:** Exactly. [Both laugh.]

**Rebekah Kelley:** And when you describe, like here you have someone who's been given a diagnosis and it's like, you want the best care, right? You want the best quality of life. And if you have to go here, here, and here, you're going to spend all your time instead of healing and recovering, in doctor's offices or in these new therapies. And the idea of maybe being in one spot where all of that comes to you, which I'm assuming is kind of what this is about. Talk to us about that.

**Nasha Winters:** Absolutely. And so giving you that context, the story of why and how this kind of sprouted from my own experience, and from that of the feedback I've gotten from so many, is this idea of having an institute where people have to come. They come and spend 2, 3, 4 weeks or longer. They immerse themselves into a deep dive, into assessing their terrain. So, testing their terrain. And by that I mean extreme lab testing, like through every single factor going on in their body, a 54-page intake form that's looking at all conditions of their family of origin, their own personal medical history, even down to the zip code in which they live for

what types of toxicants they're being exposed to in their groundwater and their soil and their air. Those types of things are taken into context. We also start to explore those triggers as well. We look at their epigenetics. We look at what blueprint were they born with. What are they working with? How can we strengthen or weaken expressions of those things? We look at their tumor assays and their liquid blood biopsies to actually know the personality of the actual tumor or the tumor cell that's in circulation. We also ask questions like their adverse childhood events and what exposures they have to trauma, or other traumatic events in their life. We look at the chronology so we can actually see the end points of where things happen.

By taking in all of that data, we're also curating that data on a very robust data platform and starting the translational AI aspect of helping make sense of these patterns and start to understand, okay, these are what we've got going on, these are the types of patterns, what might be the next best step? So that assessment is looking at the individual and really understanding the why for them, again, all under one roof in one place. That assessment will be able to happen in just a matter of days while the patient's being immersed in a nature-dense environment that's deeply nourishing and deeply supporting to their entire terrain while they're getting clear on their path forward for their cancer diagnosis and treatment.

Once we have that data, we assess it and then we choose a plan based specifically on them, not on their tumor type, not on their tumor cell – that's taken into account, but that's not what we hang our hat on. We base it on where the patient is in that moment and what their priorities are. Then we'll be able to utilize all the best therapies under one roof. Maybe it's metronomic, meaning low dose chemotherapy partnered with, say, hyperbaric oxygen, and maybe a therapeutic caloric-restricted diet that will enhance an extra pressure on the system for better outcomes. Maybe it's a spot radiation that's partnering with some hyperthermia that's going to actually enhance the kill rate of the cancer cells while helping perfuse the healthy tissue and protect the side effects of the radiation, on one campus. Maybe it's the place where the patients are actually out in nature, hands in the soil, getting access to the microbiome that is nourishing their microbiome to make them more amenable to whatever treatments they're going to put into their body. They're literally the farm and the pharmacist will be in the fields with the farmers helping grow and plant and harvest the foods. And the patients will be there too. And there'll be in the kitchens helping prepare their own foods, their own meals.

So they'll get back into the rhythm of nature. My version of what I call the CDC – circadian rhythm, diet and community – all under one roof. And all of this is happening in an environment where 75% of the 300-acre community is farms, regenerative agriculture. And so we are literally like another crop. The hospital is like another crop on the property. And so people will come there to deeply immerse themselves and learn another way of being on this planet and be able to go back home and take very applicable tools back home. And because of our network and trained physicians and trained patient advocates, they will be able to take what they learn and continue to implement it back at home. Because a lot of people go places and then they come home and they're stuck in the same mess that they left. And we want to

help them transform, not just themselves, but their own households, their own families, their own communities, their own environments.

**Rebekah Kelley:** Wow, what a beautiful holistic approach. And I love that you started by saying it's a personalized approach, not just based upon what kind of cancer, but it's based upon them. And because humanized health, right? It's your health personalized. And we know that it's not necessarily always, actually rarely is it one-size-fits-all when it comes to our health and wellness.

So how is this different than a protocol-driven approach to treating cancer? Because that's what you typically hear. And what you're talking about is something that I think we've heard described, but you seem to be actually creating it. So what's the difference there?

**Nasha Winters:** You know, so many of my colleagues, brilliant colleagues out there on the planet, they'll tell me when I try to engage them to say, join us, join our network, join our mastermind, join our course to apply the methodology. What I'm teaching doctors, what I'm teaching patients, and what I'm teaching patient advocates is there's no protocol. It's all patient driven, but we teach a methodology so that you can find very specifically what's going to help or hinder that patient. And it might be that the protocol that you've leaned on for 30 years is not appropriate for them, be it from the standard of care or from an integrative perspective that that's where people start to lean too heavily on, I'm going to call it a little bit, a spade a spade, a little bit of lazy doctoring, of this is what I do, this is what works, these protocols work for me, this is what I'm going to do. Just like anything else, those are bell-shaped curves. So you might get 20% response. And then you'll have outliers – some will not respond at all, and some will get way worse.

We're interested in the outliers as much as those that fit right in the center of the bell-shaped curve, and in gathering in all that data and reviewing that patient in that point in time, including fresh tissue, fresh tissue analyzed – cause too many people are looking back at old data. And we're like, they're not the same person they were 3 months ago. Their cells aren't their tumor type isn't the same. It changes rapidly. There's this heterogeneity that is constant and unique and different. You might have one tumor, but with like a hundred different personalities within that one tumor. And so we are like, well, then we can support that, but we need to support what that tumor is floating in. And that's what we do differently, is we look at the rest of the terrain where we can have our entry point to help better outcomes. So if someone does apply a protocol, it becomes less important than the treatment, versus what led to the decision of that treatment. This is where we're seeing that we're definitely making improvements in patient outcomes, from progressive pre-survival to overall survival, and absolutely in their overall quality of life. And engaging the patient as the CEO of their body, where we are but a bunch of board of directors sitting around the table, taking in the data and making the best recommendations to that CEO, so they can make that decision for themselves and be empowered to bring change to their terrain.



**Rebekah Kelley:** And I do think sometimes when you're given a diagnosis of something, it feels suddenly like you're not in charge anymore, right? Your diagnosis is in charge. So if you're empowering someone, just that sense of empowerment is going to shift and change the environment and energy, I'm assuming. Right?

**Nasha Winters:** Absolutely. There's studies about people with... like we actually can quantify people's joy, people's gratitude, and people's passion or purpose. And if any of those are missing from a patient, they're going to have worse outcomes.

So we know that despair is the number one driver of the loss of longevity in the United States. So opioid addiction and subsequent deaths from overdose and suicide are destroying our longevity values worldwide. We're the only country and culture in the world that's actually losing longevity, where other people are either maintaining or improving upon it. And what scientists are calling this phenomenon is the "era of despair."

And so when you're given a diagnosis like cancer, the level of despair can be crippling. And so what we're trying to do, and the feedback we get from patients who undergo this methodology, and our physicians who undergo this methodology, and our advocates who undergo this methodology and then apply it to themselves and to those in their community, is it changes that frequency, that field tremendously, and suddenly despair is moved into action. Moved into passion, purpose. You know, all of these patients who have now gone through our advocacy program, they themselves were a patient or a caregiver. So they've been firsthand experiencing this and they're like, I can do something about this. I can contribute something. I can take that pain and turn it into purpose. And that is incredibly powerful. And there's not a pill or a potion or a surgery or a diet on the planet that has as much potency as that approach.

**Rebekah Kelley:** And we're all dealing with reality in different situations that we're having to figure out our way through. And health is one of those. So you're giving people the empowerment of like, okay, you're in this situation, but these are the tools, right? And you don't have to run around and find them – we're putting them together here so that you can choose with these experts. How beautiful.

Can you give us a quick overview? Because we do need to... we could talk forever, but could you give us an overview of the terrain-based metabolic approach to cancer? Cause I know we referenced it, and I know there's more information about this, but just to kind of give folks a perspective?

**Nasha Winters:** Well, you know, we've spent the last 70 or so years focusing on the tumor, the tumor cell or the tumor lines, cell line studies and that has not moved the dial very far. We've not done a great job of changing cancer outcomes. In fact, a study came out a couple years ago, about a year and a half ago, showing that the 96 drugs in the cancer world that have come out in last 17 years have increased our overall survival rate by 2.4 months on average. Not a big...

that's not a victory, you know? And so we're redefining success with regards to cancer outcomes. That's what one of the roles and missions of Metabolic Terrain Institute of Health is doing.

The other side of that is that we are helping educate and empower people, that the tumor is just as strong or just as weak as the terrain in which it's sitting. So we tell patients, we educate them, we empower them, we have them do their own questionnaires. We explain our "test - assess - address - don't guess" methodology. So they understand that it truly is an "n of 1" experience for them. And when we approach that, there's something that's very magical, and people feel like they're unique and special as well – because they *are* number one – and when they are shown that, hey, my friend has the exact same diagnosis, but we've arrived here by a different means, and there's going to need [to be] a different means to get us out of this pickle, that's when people start to go, oh my gosh, this is so different. No wonder your outcomes look better, like a 70% response rate versus the usual 20%, when they start to recognize that we are doing things differently, we're coming at it from another angle.

**Rebekah Kelley:** Wow, very beautiful. I love the way you described that and the sense of empowerment. The ability to gift someone with that when they're in that situation is huge.

So thanks so much, Dr. Winters. These are really amazing insights. Dr. Winters can be found at [www.DrNasha.com](http://www.DrNasha.com). I'm going to spell that out. It's D R N A S H A. And before that is www, after that is .com. Let me remind you to subscribe and get access to all Humanized videos, podcasts and transcriptions from all of our thought leaders like Dr. Nasha, on personalized health at [HumanizedHealth.com](http://HumanizedHealth.com). Thanks for being with us. It's a pleasure.