PODCAST TITLE: Integrative Oncology and the Unique Power of Mistletoe Therapy with Dr. Nasha Winters

PODCAST DESCRIPTION:
Featuring Dr. Nasha Winters, the global healthcare consultant and enthusiastic specialist in exploring integrative cancer, guiding the clinicians to become masters of metabolic approach. Having the experience of being a cancer diagnosed patient, Dr. Nasha put forward to supporting patients with integrative cancer by suggesting constructive and practical treatment to achieve sophisticated health results.

Today we dive deep into the overwhelming oncology topic in tandem with the mistletoe approach which is alternative cancer therapy. We will talk about the specification and effectiveness of mistletoe in the oncology world, introducing you to a better understanding of mistletoe therapy in the medical system.

Want to learn more about Dr. Nasha Winters' personal journey with integrative cancer? Check out her website.

Join Dr. Nasha's community on Instagram, Twitter, Facebook and LinkedIn!

Find out more fascinating information regarding mistletoe approach on her official website.

PODCAST TRANSCRIPT:

Michael Roesslein:

All right. We're live and I'm really excited. And this is one of the few guests that is coming back from season one to join us on season two. In season one, we learned about your incredible healing journey yourself with cancer and how that led to doing everything that you're doing now. And this time we're going to learn stuff about treating cancer and integrative approaches to cancer, where we didn't really talk about the how before we just talked about the what and the why, and everything else. I'm here with Dr. Nasha Winters. Thank you so much for coming back.

ichael Roesslein:

That was one of the more fun podcast episodes I've ever recorded, so I'm excited to do this one. We just chatted. I've really got to start recording the pre-recording conversations, because they would make an awesome addendum to the podcasts.

Dr. Nasha Winters:

The outtakes.

Michael Roesslein:

But we just planned a visit in Italy and possibly one in Mexico because I live in Italy and she lives in Mexico, so we'll see how that goes. But for those who don't know about Dr. Winter's work, she's a global healthcare authority and bestselling author in integrative cancer care and

research consulting with physicians around the world. She's educated hundreds of professionals in the clinical use of mistletoe, which we're going to learn about today and it's not just for making out at Christmas, I think. And, has created robust educational programs for both healthcare institutions and the public on incorporating vetted integrative therapies in cancer care to enhance outcomes. We're also going to learn about what integrative cancer therapy means. Dr. Winters is currently focused on opening, which is open-ish soon, the Metabolic Terrain Institute.

Dr. Nasha Winters:

Working on it, working on it.

Michael Roesslein:

Always working on it, a comprehensive nonprofit metabolic oncology hospital and research institute in the US where the best standard of care has to offer and the most advanced integrative therapies will be offered. And this facility will be in a residential setting on a gorgeous campus against a backdrop of regenerative farming, green building, and restorative amenities, EMF mitigation and retreat, as well as state-of-the-art medical technology and individualized data assessment to employ the right therapies at the right time to improve patient outcomes. And can we just make every single cancer treatment place in the world that?

Dr. Nasha Winters:

Yes, that is the plan for sure.

Michael Roesslein:

Well, I mean, if you guys do it and then you can put data behind your outcomes, they will come. And it's a no brainer, there's absolutely no way that such a place would not improve patient outcomes for any disease, especially cancer with some of the things you're doing there. And I'm excited. I hope I never have to visit it as a patient, but I'm glad that it exists or existing soon and thank you for creating that. I think that's every integrative practitioner's dream is to have a place like that to be able to work.

So let's start learning things. I used the word integrative several times in your bio right there and a lot of things that you do the word integrative is used. And we talked before we went on air and I said, and I kind of visualize, I don't know if people saw the Batman movie with the Joker, the one that was really popular, Dark Knight, I said, "When people hear the word cancer, everybody loses their minds," and I visualized that scene in the movie where he was like, "Loses their minds!" Because it's scary as hell, one, especially in our culture it's like, "Oh my God." And then you don't want to say even the word, it's like that kind of taboo around it. There's this massive fear and everybody loses their minds around that, which the fear is understandable.

And there seems to be this belief, I've seen this debate, internal debate, with people and people in my networks who have been diagnosed with cancer, do I go the conventional route or do I go the holistic route? And I have to pick one or the other. And if I go this way, I'm putting poison in my body, and I'm working with the conventional system, and da, da, da, da, and all these things. But if I go this way, I could just die and maybe the chemotherapy would work, but maybe the surgery. And there seems to be this belief that you have to choose I'm doing this or I'm doing that. Can you speak to that? Explain what integrative cancer treatment and therapy means and then speak to that whole loss of mind around the situation.

Dr. Nasha Winters:

Yeah. Well, first of all, I think that is a great sort of narrative picture that you just painted because I think that's very realistic of what most people feel or experience when they're diagnosed with this condition. We're sort of taught to believe that it is a death sentence and yet studies and research has shown over the last few decades that we've actually turned this into a manageable disease process, much more like dealing with diabetes or cardiovascular disease and it's not a death sentence. So I want to kind of displace that concern.

Often the biggest, most dangerous part of a cancer diagnosis is the reaction to the diagnosis itself, which is what you were alluding to here a moment ago in that the medical emergency is not so much the cancer because very rarely does it show up as a medical emergency, it's often just found of sort of these obnoxious little symptoms that are brewing for some time that over time collect enough momentum or enough volume to get the attention to let us know what's going on. On average it takes seven to 10 years for cancer to become big enough, loud enough for us to be aware of its existence. And very rarely, less than 1% of the time, will it present as an emergency, such as an occlusion of something vascular, or pushing up against colon, or something that's causing an obstruction or something maybe causing a stroke, because oftentimes cancers can change your coagulation pathways.And sometimes the first sign and symptom of cancer is a blood clot kind of out of nowhere.

So that emergency is way less of an occurrence and yet we treat it like an emergency and the whole system tells people, "Oh my God," [inaudible 00:06:26]. And so what is the most dangerous thing is the reaction. And I know the work you do, Michael, is so much about sort of commanding the mind and dealing with the traumas in our world around us. The diagnosis is very traumatic and how we are meeting that trauma, meeting that diagnosis, meeting that label can make or break our outcome pretty intensely. So that's sort of one piece and we will come back to that here in a moment.

But cancer itself, unless you are a conventional oncologist board certified oncologist or a conventional board certified oral surgeon, then and only then are you allowed to say that you treat cancer. That is a legal requisite. So you can't be someone like me to ever say I treat cancer. And first of all, I don't, I happen to treat people that have cancer. And my focus is on their terrain, the environment in which the cancer took root, which that's a very big differentiator right there as to the difference between perhaps integrative and standard of care.

The other side of this is when I had my first diagnosis in 1991 for my terminal diagnosis, there was no Dr. Google, there was no information out there. When you would go to a library and read up about anything about alternative cancer, it was these sort of obscure faraway places in Mexico that you could go to and they pretty much were about raw food juicing and praying away your cancer, which believe you me, there is power in some of those interventions, right? It's not to say that those aren't effective, but it was very limited in what we knew we had access to.

What has evolved over 30 years is even the very definition of alternative medicine. It moved from alternative medicine to complimentary medicine to integrative medicine. It's made this evolutionary leap as we've realized that prior to what everybody knows as the standard of care oncology we had for millennia vitalistic healing systems, be it naturopathy, chiropractic,

Chinese medicine, ayurveda, you have these old therapies. It's like suddenly we reached the Flexner Report in 1909 and basically said, "Oops, anything before that doesn't exist, we cut it off here, we start fresh. And now this is traditional medicine. Now this is the only way," despite the fact that there were powerful tools for millennia when we threw the baby out with a bathwater and then we've spent literally the past 110, 115 years crawling our way back to and doing the research to show how and why these ancient therapies and vitalistic approaches might have been just as effective, if not more effective and can at the very least enhance what standard of care offerings we have today.

So it's gone through these evolutions that when you say the word alternative medicine today, it's a dirty word. It's a dirty word. It creates a chasm, it creates this us and then we live in a world of polarities today. And so if you say I'm an alternative healthcare provider, people automatically think you shake chicken feet and blow smoke over people and that's your medicine. Like they just put you in this archaic place. If you call yourself complimentary, that makes the assumption that you're sort of like a backup singer, maybe you play a little cowbell of medicine in the background in this and yet you're still way in the back row, you're not up at the table.

To me, integrative is sort of the next iteration, which is we're all at the same table together. That standard of care does not have all the answers, "alternative and complimentary" does not have all the answers and yet when you put them together, you can make magic happen. You can do some amazing synergies. You can actually support the whole organism, not just symptoms or the disease process or the diagnosis itself. So when I think about integrative oncology, you have experts who are tumor experts, those are your standard of care oncologists. They know tumors really well and they know the very specific algorithmic treatments for those tumors.

And that's based on a group called the NCCN guidelines, sort of like the board of directors of who makes the choices of how to treat cancer is made by this board. And they tell you what's approved and not approved and anything outside of that is considered out of standard of care and even charlatans or dangerous. And you get threatened if you leave that sandbox, if you are a conventional oncologist. So they're put in particular silos by a medical system that may or may not even be their value system or their belief system, but they have to operate within that system in order to be able to serve the patients that they serve.

So the move today is bringing in people, even today, we're defining it by the Society of Integrative Oncology and even some other sort of integrative oncology fellowship groups to say that we're still in the integrative world considered sort of the backup singers. We might be a little bit closer to the table, but we're still not sitting at the table. And where I believe and how I practice and support people and educate others who do the same and where I see the future of medicine going, I don't see us on different tiers or at different tables, I see us all together. Where can we bring in the best of, when I say traditional, I mean pre Flexner Report traditional medicines from ancient times, all the way to the cool studies we've learned about things like light therapy and mistletoe, which we're going to talk about here in a bit and nutritional therapies and whatnot, that then can partner well with standard of care. But even standard of care needs to be done in a different way.

So we've had a good run, a good experiment for about 70 years on something called maximum tolerated dose, which is give as much poison as possible and hope you eradicate every last cancer cell and then hope there's still something left for the healthy body to come back to. That's how we've been doing it and that's, in my opinion, a failure in many ways, because it can be done better. So there's this emerging concept and it's the adaptive theory, which is where you get in and you push back the tumor burden with just enough force that there's still a really good functioning terrain or system left behind that you can cultivate and support with other means, other therapeutic interventions, that's where the future of oncology is going, that we can do standard of care better and we can bring integrative therapies right up to the same level as those therapies.

And they should be done, as you mentioned, it should be like this everywhere. Everyone should have access to this all of the time when we know patients can get through treatments faster, that they don't have to delay treatments because their bodies are too sick, their blood counts are too low to continue on that trajectory, that they have less side effects and they have longer overall survival rates. And definitely, definitely better quality of life. Why are we constantly finding against that idea?

So that's a long winded answer to your question, but it sort of sets the table for the rest of our conversations today, I think.

Michael Roesslein:

Yeah, for sure. And thank you, that's really thorough and easy to understand on something that can be overwhelming and confusing for people. So it's yes and, it's not either or. And we were talking before we went on air, I'll give a shout to my friend Eddie in Australia who he's now a naturopath in Australia that specializes in cancer consulting and coaching with an adjunct to their physician. And he's the one who first taught me that there's things you can do, I don't remember, he did temperature, I think you said the hyper...

Dr. Nasha Winters:

Hyperthermia.

Michael Roesslein:

Hyperthermia, he did these and it sounded terrible. He was telling me about it, I'm like, "How did you find it?" He's like, "I had to go to the Philippines to do it." And so he went and had hypothermia done, which is like elevated body temperature to what he described pretty uncomfortable levels. And what it did is it kicked the immune system into overdrive or something and it complimented the chemotherapy he was doing. And even the standard of care practitioner when he went back to Australia was like, "Holy shit, what did you do? This doesn't usually work like this." And so there's things in this integrative sphere that can be done that will increase the chance of a positive outcome with the standard of care and are you familiar with that?

Dr. Nasha Winters:

So much. And if your listeners just go do a search for hyperthermia and cancer, you will see it has a very long track record. I mean, we go all the way back to Hippocrates' time where he said, "Give me a fever and I can cure any disease." Let's fast forward into the late 1800s where Dr.

Coley, William S Coley of Sloan Kettering started to introduce what's known as Coley's toxin, which was basically creating an infection in the body to spark a very high fever that ended up putting tumors into remission. And then fast forward a few years after that, mistletoe, which we're going to touch on here a bit more is another warming therapy. And then pass fast forward into that today, modern immunotherapies.

What the whole concept of heat is doing to the body is it's stimulating immune responses, it's modulating immune responses where it's too aggressive we quiet it down, where it's under aggressive you step it up. But what it also is really known to do is to create a response again to previous therapies that were otherwise failing. So what happens over time with any standard of care, this is true for all cancer types, for all stages, for every cancer patient, some have it worse than others, some actually have genetics like MLH1 and MSH1, and these other things, MDMR, things that may not mean anything to you guys, but in the tissue assays, there are certain types of cancer tissue types that are less responsive to standard of care and become resistant very quickly.

So what happens with hyperthermia is it overcomes that drug resistance, basically turns down the knobs of those resistant genes and upregulates the response. So it basically acts like a Trojan horse to reintroduce whatever therapy is more effectively to the cancer environment. And so it can potentize and overcome resistance where it was otherwise the treatments were failing, which sounds like what happened with your friend Eddie? So that is why it's a really powerful tool.

Michael Roesslein:

It was his third time. It was his third rodeo. And he was like, "I got to go try this thing, because this isn't working and I'm going to die."

Dr. Nasha Winters:

Huge. And it also very specifically where something called heat shock protein, which is a way we induce apoptosis. So when we become resistant, we stop killing the cancer cells. No matter, you could throw more and more chemotherapy into it, just like might have been happening for your friend, but it won't do anything if it doesn't have something that says, "Hey, I will program cell death now. I will turn that switch on and kill these cells." So the drugs are just coming in, causing more harm to the whole organism, but having, it's almost like they're hitting wonder women bracelets when they hit the walls of the cancer cells.

And the heat shock protein are induced and the heat that's changing the immune recognition response and remembering component of your immune system, all of that gets activated with the hyperthermia with heat. That's why we're big fans of sweating, getting hot, exercised induced heat, sitting in a sauna. Any amount will actually help take out the garbage, but the high heat that your friend required to get to a cancer killing phase, you have to get up to those uncomfortable levels. And even more often you have to be sedated to get up into those levels to make it.

Michael Roesslein:

Yeah, his description of it was not something I would otherwise sign up for if I didn't have a terminal cancer diagnosis. So yeah, the highest I've ever gotten up as an adult on a fever is 103 and it was like, you're a baby when you're an adult. I remember getting that when I was a kid and

I was pissed my parents wouldn't let me go out and play. And they're like, "You have a fever." I'm like, "I don't care." Now it was like, "Oh, 102.7, I'm going to die." So I get it. And he was, I think, exceeding that. So cool. And thank you for explaining that and the rich history behind it. And I've learned a lot just in casual conversations with him about these other really traditional things that can be thrown into the mix with certain types of conventional therapies too, that this one amplifies this one better and this one amplifies this one better. And now we're understanding the microbiome's role in like the way people take to certain conventional therapies. A.

Nd it's just really exciting because it seems to be accelerating, the level of knowledge around all of this seems to be accelerating at a pretty exponential rate. Even if this conversation was happening 10 years ago, there's so much more that can be added to it now than there would be then. And it's starting to take some of the terror out of the word, I think. And you mentioned it as a manageable disease and I don't think anybody looks at it like that, or if you hear diabetes, even within the functional medicine world, you hear type two diabetes, it's like, "Okay, cool, you can manage that. You can reverse that." Even type one, if you have the right tools and technology, it's not easy, I wouldn't wish it on anybody, but it's manageable, you can live with it. You can do this, this and this and it just keeps going.

I don't think most people look at cancer that way. It's either you die from it or it goes away and that both happens really quickly, either in six months I'm going to be dead or this thing is going to be gone and I'm going to be healed. And what you're saying is it's a lot more of a spectrum and a slow disease. Most cancers are a slower disease process, whereas some are quick. But okay.

And you've mentioned, and I want to learn about this because I don't know anything about it, you've mentioned mistletoe a few times and I am probably like most people listening to this where I only have one reference of mistletoe and I'm actually pretty up on supplements and extracts and things. So I'm curious, I've like heard of it as that, but I don't know anything about it. And I know your newest book came out about four months ago now when this is recorded and it's about mistletoe and I guess give us the skinny, what's the low down on mistletoe and what does it do? And do you just eat the plant? What's the situation and what's the history? Anything you want to share on it, I'm all ears and I'm sure people would love to hear.

Dr. Nasha Winters:

Sure. Well, what is so fun is so the book that came, out it's called Mistletoe and the Emergence of Integrative Oncology. So it's a conversation about kind of what I just started off with about describing integrative oncology and then really diving into this therapy that is thousands of years old as a general herbal medicine, even all the way back, again, Hippocrates has come up a couple times today, but back then he used this therapy as a whole plant extract to treat conditions of the spleen. And in modern times, we understand the spleen to be an environment where we make new immune cells, blood cells, the spleen is considered an immune organ. And so we know all the way back then we were like, "Oh, this seems to be helping the immune system."

But fast forward, and actually a really cool piece of history, I love this because I'm a buff when it comes to medical history, it is written up in a lot of the old druidic writings, okay? So one of the things that was known for back in the kind of ancient times sort of the druidic times was that you could take a sprig of mistletoe and it was how you could go into the underworld to

engage with those in the underworld. So there was a concept around its idea of sort of bringing resurrection of life, bringing back life that whole piece. So that was really fascinating history.

Michael Roesslein:

So it's magic?

Dr. Nasha Winters:

Yeah, that's magic. And so think about that for a moment when I start to tell you about the rest of this plant. So it is a semi-parasitic plant. It grows in trees. And if you know anything about a concept known as the doctrine of signatures, it's when you look at something, like a Walnut you're like, "Well, that Walnut looks like a brain. I wonder if it helps the brain." And in fact it does now that we have the science to get in there and study it, we know that walnuts are very useful for the brain.

Same thing goes with mistletoe. When you look at it, there's thousands of species of mistletoe all over the planet. What we're going to talk about today is the European mistletoe, which is more specific to the oncology world. But when you look at mistletoe, you recognize it. It looks like a tumor growing in a tree. It's a big ball of densely dark colored leaves growing inward into a tree all around in variety of species.

So what's very wild about this plant is it does not behave like any other plants. So I love this part of the story too. So it's a bird, particularly called a thrush, eats the fruit, the fruit of the mistletoe, poops it onto a branch, it grafts into the tree and it over time grows. So it's transplanted or grafted onto trees via bird poo. So as a naturopath, I love that, anything that comes from our microbiome in the poop is really a big deal. So there's that piece.

The other thing is it grows very slowly. It grows about two leaves a summer. So the leaves grow in the summer and it fruits berries in the winter. That's very opposite of pretty much all fruit. And the other thing is it never touches the ground. It never has anything that touches the ground and it grows inward. All other plants grow outward. So you should start to get this theme in this essence that it grows out of sync with its organism. So that right there also sounds and looks very much like cancer, something that grows very out of sync with its organism, with its host. So I think that's something really powerful.

And so somehow, God knows how, this crazy guy, this Austrian philosopher, good old Rudy, Rudolph Schiner from the early 1900s, a lot of people know of his work through his philosophy, his architecture. If you know anything about education, Waldorf Education came from that philosophy. If you're big into regenerative agriculture, permaculture is from his ethos and then a medical field called anthroposophical medicine comes from his philosophy. And mistletoe falls under one of the remedies from medicine.

So though this plant had been used for millennia in its whole plant form, something in him, in his observatory mind said, "If I take the leaf in the summer, and then I take the berry from the winter and I pulverized them and freeze them to break the cell wall and then I put them into a centrifuge and I drip purified water into them at a particular cadence while it's spinning in this centrifuge," meaning one side's going one direction, the other going the other, I mean, holy high tech, woo, woo esoteric, Batman.

Michael Roesslein:

Who figures these things out?

Dr. Nasha Winters:

Right? That's exactly, how do you figure these things out in 1917? Right? And what he did then is took that extract. Now there's forms of it that are fermented and non-fermented, there's several different companies, several different ways. But at that time he made the one that was fermented so it had another level to it. And then back in 1917, they weren't taking it orally. It's never been used in cancer therapy as an oral agent. They knew somehow all the way back then that you needed to inject it. So they would inject subcutaneously up to three times a week, letting the body harbor or create this little local, what we now call cytokines, we didn't know that it was a little redness and irritation locally. We now in science know that we're engaging with the B cells, stimulating an immune response. So this was early immune therapy as well. And this therapy has now been around and studied thousands of times. It has over 3,600 white papers on it globally, it has been used-

Michael Roesslein:

And it's always injected?

Dr. Nasha Winters:

Always injected or intravenous or intraperitoneal or intrarumoral, or intravesicular meaning up in the bladder, into the tumor, into the abdomen or into the plural space?

Michael Roesslein:

So it can be injected directly into a tumor>

Dr. Nasha Winters:

Mm-hmm (affirmative). Now, we don't do that much in the US.

Michael Roesslein:

Okay, so I can stop Googling mistletoe supplements, because I can't eat it?

Dr. Nasha Winters:

Exactly. No, you can, because mistletoe has other beautiful medicinal qualities in whole plant extract form or in its tincture form but it does not have the anti-cancer effect because the anti-cancer are in the lectins, the glycoproteins, the polysaccharides.

Michael Roesslein:

Which get broken down when you eat it?

Dr. Nasha Winters:

Exactly. And the viscotoxins, which have the direct cancer kill effects. So if you ingest it, if it even opens up into the air, all of the medicinal components go away. Not to say that it can't be supportive in someone dealing with cancer, but when you're using it as a cancer therapy or as an adjunct supportive therapy with other cancer therapies, it must be injected in some form or fashion. Pretty groovy.

So we just hit, it was kind of figured out by then. And he found this Dr. Ita Wegman out of Switzerland, her clinic is still going. In fact, one of our co-authors works in her hospital in Switzerland/

Michael Roesslein:

I've heard of it. Someone told me about it when I moved here. They're like, "Now you're by this clinic." And I'm like, "Good to know. I bookmarked it just in case."

Dr. Nasha Winters:

There you go. Perfect. And Marion Debus, my co-author and dear friend, she is there and she's carrying on this work. You have to remember, the first time it was introduced as a therapy for cancer, like truly introduced in a clinical setting was in 1921. So we just hit our hundred year birthday of this, pretty darn new. And it's been utilized for ever since, there's even a clinical trial that just completed its phase one in the United States at Hopkins. I helped with that clinical trial. It's getting ready to go into phase two for its IV use and solid tumor oncology.

ut it's like, this is a well vetted. It is literally, you talk about not knowing much about it, it's not a surprise to me living in the US. This is worldwide the most studied integrative oncology therapy there is. And yet we know little of it in the United States because the US makes it very difficult for us to have access to it. The knowledge about it, the access to the actual material, et cetera. So in the United States-

Michael Roesslein:

I wonder why that is.

Dr. Nasha Winters:

Because you can't-

Michael Roesslein:

We're not going to get into that on the podcast. I don't want to get our website banned.

Dr. Nasha Winters:

Yeah, yeah, yeah. I mean, here it is. You can make billions from an immune drug today, you could only make a couple hundred dollars a month from a mistletoe therapy. It's pretty easy to figure out what's there. But you live in Europe, if you're Swiss, German or Austrian, you will likely have somewhere between 80, 85% of the population will be utilizing this therapy in the midst of their cancer treatment. If you live in the rest of Europe, 60%.

Michael Roesslein:

Conventional doctors do?

Dr. Nasha Winters:

Mm-hmm (affirmative), yeah, 65 to 70% of patients.

Michael Roesslein:

It's fairly alternative at this point only in the US, is it considered that?

Dr. Nasha Winters:

It's in the repertory of-

Michael Roesslein:

We're number one.

Dr. Nasha Winters:

South America, Canada, and Mexico. We are surrounded by places where it's actually covered by-

Michael Roesslein:

And this can be complimentary with there's no contraindications using mistletoe with whatever standard of care, conventional?

Dr. Nasha Winters:

Not at all. And it plays very well with others. That's its jam is that I think of it as sort of like the assistant. Now it does have some direct cancer killing qualities, but that's not what we sign up for. We use it as sort of the assistant to whatever therapy we're bringing on. It pairs beautifully, like your friend in Australia, it pairs beautifully with hyperthermia, like unbelievable. I've had patients go to Europe to get both high dose high heat hypothermia with intravenous mistletoe and have cancers go completely under remission.

I've seen that over and over and over again, to the point we started bringing that therapy into the United States. It's difficult to get the type of hypothermia we need here in the US so we don't have that. That's why I'm building this hospital. It's like, it's ridiculous of the things that the rest of the world has access to that we don't, and that are getting plucked out of our hands literally every month. So now our patients have to travel to Southeast Asia, to Europe, to Mexico to get these therapists. And even there they've got some and others have others, it's all piecemealed, nothing is under one roof.

Michael Roesslein:

That's what I gathered in my conversation with him too, about a lot of it. That's why he was in Australia, had to go to the Philippines and then this had to go here. And unfortunately that's not possible for a lot of people. And so bringing all of it to one place or whatever can be in one place. I mean, you're setting that up in the US so you're going to run into some bureaucratic limitations, but can you put some of it where you are in Mexico?

Dr. Nasha Winters:

Well, actually, we could, but I don't do anything half-assed or easy. I don't ever take the easy route barely in this lifetime. So the problem is that I'm tired that people have to do the expense in the time to leave their own country and piecemeal together therapies. So this is a residential hospital and research institute. We are not in the medical system. There will be a letter of an informed consent process that people know they're coming to a place that does not operate under FDA regulation and is not FDA approved, and that our therapies are not covered by insurance. So it is an out of pocket expense and it will also have research dollars helping fund it, philanthropic donations helping fund those without the means to have under one roof. So we are leaving the system. And with it being a research institute, everyone is basically signing up to be in a research project. And the irony is people kind of get uncomfortable with that, but really we're part of a research project all of the time in medicine, especially in cancer world,

Michael Roesslein:

Everywhere, all the time, hence why medicine's called practice.

Dr. Nasha Winters:

Thank you, exactly. Or the art or the practice of. So we are using therapies that are evidence informed. They may not have gone through the rigorous RCT trials that are what we would call good research in the US, but no one wants to fund that type of trial. I mean a clinical trial-

Michael Roesslein:

There's no big mistletoe?

Dr. Nasha Winters:

Well, mistletoe, it costs $500,000 to even do the basics of the first phase at-

Michael Roesslein:

Yeah, yeah. I know, I know. I'm pretty friendly with Kiron at Microbiome Labs and they've run a lot of clinical trials and he's the one who first taught me like, if you do a clinical trial with like 50 people in it, it's like X amount of money. And then I immediately understood why next to nothing in the functional medicine world has clinical trials because these pharmaceutical companies are spending millions and millions of dollars on these clinical trials and supplement companies don't have that, functional medicine clinics don't have that. You can't just drop $5 million on that. The only one who's making headway into that I'm seeing right now is Terry Walls.

Dr. Nasha Winters:

Oh gosh, she's doing beautiful with her-

Michael Roesslein:

I just saw she got an endowment she just got like-

Dr. Nasha Winters:

Yeah, $2.2 million.

Michael Roesslein:

Yeah, millions. Hell yeah. She's like the one that's kicking ass in that world, getting the studies done. And I've interviewed her a couple times, she was the first famous person in the functional medicine world that I interviewed seven or eight years ago. And I was so nervous and we did a phone call beforehand, she wanted to talk on the phone before we did the interview. I was like, "I'm going to talk on the phone to Terry Walls." And she was so nice. She asked my story, why I was doing this, why we were doing the interviews. I'm from Illinois, shares the things in Iowa, she works at University of Iowa. She's like, "Have you been to Iowa?" I'm like, "Yes." And so she was so sweet and she's in the lion's mouth doing what she's doing, big time clinical studies in MS in the conventional setting with a white coat on, in a university medical center. And so she's kicking ass for everybody else to be able to kind of come behind that, I think, and start doing.. Sorry, little rant there, but I'm super proud of what she's done.

Dr. Nasha Winters:

No, it's a big rant. It's an important rant, and Michael, that is good, it's folks like it because she's lived it. So that's me too. I'm 30 years, if I had listened to the medical system we would not be

having this conversation today. There were no options for me. Just like Terry, she reached a point where there was no options.

Michael Roesslein:

She was in a wheelchair, she couldn't even walk.

Dr. Nasha Winters:

A hundred percent. So this woman-

Michael Roesslein:

I'll try this thing.

Dr. Nasha Winters:

Yeah. It's like, if it's not going to hurt me, why don't I try? And that's what's so exciting for us, even though we know... I mean, I'm not kidding you when I tell you there's over 3,600 clinical studies worldwide on mistletoe, and yet in the United States, we're like, until it passes through Hopkins phase one.

Michael Roesslein:

Yeah. I'm pretty well informed. The average person probably has no idea. When you bring this up to an average person who's gotten a diagnosis, they're probably like, "Mistle what, why, how?" I had no idea and I study these things. So that's just a reflection on-

Dr. Nasha Winters:

Our culture.

Michael Roesslein:

Certain aspects of our medical system. But that's super cool. And so it can be IV, it can be injected right into the tumors. And I'm guessing this depends on where the cancer is, what stage it's in, that person's own...

Dr. Nasha Winters:

Yeah. And I love that you brought that up because it's not a protocol. A lot of people are like, "Oh, just tell me the protocol, how to do this." You base it on you take, what's called an animistic intake, which is like, how old is the patient? What's their vital force? What's their medical history? Do they have a tendency towards autoimmunity? What is their current treatment status? So then basically how to match the right host tree and the right potency to the person. And then the person's response to that therapy is what guides it. So it's tedious for the average doctor who has an average of seven minutes.

Michael Roesslein:

That's almost impossible.

Dr. Nasha Winters:

Exactly. It doesn't fit in the medical system model. So that's where we now train the co-authors with this book. This book, by the way, is nonprofit so it helps fund clinical trials and helps with-

Michael Roesslein:

We'll put links in the show notes down below. For the people only listening, where do they get it?

Dr. Nasha Winters:

They can get it from Amazon, they can also get it from Barnes and Noble and they can also get it from Steiner Books, which is our publisher. And it just started, I cannot remember the name of the affiliate, the subsidiary that's in London, but it just came out in the UK in February, 2020.

Michael Roesslein:

Want the title again?

Dr. Nasha Winters:

Mistletoe and the Emergence of Integrative Oncology.

Michael Roesslein:

Cool. Well, we'll have links down below so wherever you click this or download this or watch this or whatever, you'll find the link there. That's so cool. And when's the ETA on opening your center?

Dr. Nasha Winters:

Well, we just need 150 million, my dear, and then we're set.

Michael Roesslein:

Oh, that's all?

Dr. Nasha Winters:

Yeah, exactly. No problem.

Michael Roesslein:

So by June?

Dr. Nasha Winters:

Yeah, there you go. Well, that's kind of funny you say that. We were talking about your-

Michael Roesslein:

So how are you fundraising? Can people help? What's the situation? How are you creating this?

Dr. Nasha Winters:

So we have a nonprofit, mtih.org. And that stands for Metabolic Terrain Institute of Health.org. We are in active fundraising. We've actually raised quite a lot of money since November of 2021, to help us with a lot of our permits and our legal fees and all of those things. So we're doing really well for covering that and for putting a down payment on a piece of land, which we're hoping to do soon, very soon in Southeast Arizona.

But we are constantly in this place of fundraising for the actual hospital plus for our data platform, which is what is collecting the data, which will be presenting the research in a real life bench to bedside, bedside to bench kind of way that we can present our data to start to actually compel people who want to fund bigger trials, bigger studies. We already have a lot of partnerships with future people once we have the institute really going to do some really amazing

clinical trials there as well, because we know if no one else is going to do them, we better do them. So that's where we're moving with that.

We are doing constant fundraising for the creating patient grants, so that in the interim, while patients are waiting for this institute to open, they can then go and see one of our doctors trained in this methodology, the Metabolic Train Institute of Health methodology, which I've perfected over several decades of my own saving my butt, as well as helping tens of thousands of other patients and now thousands more through the training of these physicians and their direct impact on these patients. So we now have people coming from all over the world saying, "I want to work with a doctor who's been trained by you," which has been incredible. We have 76 who've gone through the program and 12 currently in the program and another 40 on the wait list for the fall 2022.

And we also are getting ready to graduate our first group of patient advocates, 106 patient advocates will be launched on the world. So like your friend in Australia, we're launching people exactly in that role of how do you support patients while they're waiting in the waiting room, or while they're seeing a standard of care provider, what can they do? How can they empower themselves now? And that we have another 76 that just started our second cohort of the advocates. So we're creating this sort of mycelium network around the globe that are having a common narrative that are driving the patient's request for a different approach.

And there are literally patients lining up supporting every penny counts supporting, like, "I can do $10 here and there to help with this endeavor." And then we have people who are interested in doing more than that. We're very hopeful of angel investors, we've got a few sniffing around in that realm, but really we're looking for philanthropists who've been directly touched by cancer and know that the model as it is currently is not enough. And we're not interested in eradicating that model, we're interested in improving upon it and bringing a different process. As I talked about earlier, an integrative, truly integrative oncology to the forefront and drive what all cancer care should be around the world. And I'd love to see that in my lifetime, I just turned 50, never thought I'd see 20 the end of my 20th year on this planet. And so I'm always in awe of what we have done differently and what has improved in the past three decades.

But we have a lot of work to do. And so once we can put the shovel on the ground and get this place built, we hope to be open in two years. In the interim, we've got our virtual campus going with these physicians from all over the world that are trained in this approach and doing a beautiful job. And that's everything from naturopathic doctors to conventional oncologists that have gone through our program and everything in between.

Michael Roesslein:

That's amazing,

Dr. Nasha Winters:

Really amazing. It's an amazing network, it's an amazing tribe. And these are all folks that are here because they see the difference and they're completely compelled to help change the narrative.

Michael Roesslein:

Wow. That's awesome, really inspiring. Rarely do I have nothing to say back to somebody but I don't even know what to say to that. But mtih.org is where people can get involved and donate and contribute and invest and all of that?

Dr. Nasha Winters:

Exactly. There's a place you can volunteer, you can invest, you can connect us with people that you that think want to invest or want to donate.

Michael Roesslein:

I already jotted down a couple of names of people I want to connect you with that might be helpful. So cool, that's super cool. What else to say other than that? It needs to happen. This is something that it's almost reclaiming the narrative around cancer because it's like such a taboo word to even say in our culture. And it is ingrained as kids too, like I lost my grandmother to cancer when I was eight, I think, or seven. And I remember her losing her hair and I remember her getting really sick and I remember people speaking softly around me and I remember all of a sudden then they told me grandma died. And then all these things and what my mom's gone through losing her, she was only 58, I think, but then that instilled in me when I was eight, that if you get cancer, you die, you lose all your hair, you get really sick, you get no wheelchair and you die. And that's just what happens.

And then that's our cultural thing, it's such like a hush, hush, taboo. Even I've studied a lot in nutrition and wellness and functional medicine and all these things and never the whole time I was working with clients, if somebody had cancer and they came to me and wanted me to work with them, I'd be like, "Holy shit. I don't know what to do here. I don't want to kill this person." It was so scary to me to even go near it that I would immediately refer out to anybody who didn't have that same aversion or fear, just because I don't feel like adequately knowledgeable enough to help a person, whatever.

But this is really empowering people, the patients and your advocates, I love that, and the doctors to be like, "No, this isn't that. This is a thing that's happening right now in my body and we can understand why it's happening and how it's happening and there's things we can do about it. And this can be managed, and this is not a death sentence. And it can finally become like every other disease where it's like, okay, what can we do to to deal with this?" It stood out on its own for so long to me, in my perception, it's like, there's cancer, holy shit cancer, and then there's everything else.

Dr. Nasha Winters:

Yeah, yeah. I love that you bring this up because I've been in it so long that I forget that this is what the rest of the world thinks.

Michael Roesslein:

Oh yeah, yeah, yeah, yeah. It's like the thing, this is probably the only cancer focused interview I've ever done.

Dr. Nasha Winters:

Really?

Michael Roesslein:

I think, that I can think of. And out of all the podcasts and the master classes and the webinars and the things, it's the only cancer focused one I've ever done. And I think a lot of people in this space don't touch it because they don't feel like they know enough about it, or don't know, it's even scary to even talk about it.

Dr. Nasha Winters:

Invite it into the room? Yeah.

Michael Roesslein:

Yeah, if you just don't talk about it won't happen, bullshit, like some sort of voodoo like just ignore it and it'll go away and it won't happen. But this changes that, and that's so important. I can't think of another singular disease or disease process that has that, kind of like you mentioned at the beginning of this conversation, that kind of emotional power over people to where they hear the word and it's just like, "Ugh." And it's like, they die right there in the chair. And it's like, nothing else has that that And anything I'm thinking of is just a different type of cancer. So I don't think any other disease has that doom cloud that just rolls in the instant that the word is said. And I think that what you're doing can get that ship out of here and trying to change the narrative a little bit.

Dr. Nasha Winters:

Blow it out. Let's give a little perspective to this because here's the why. When I talk to doctors today, "I don't treat cancer, I can't deal with it." Within a couple months, I'll see them in another conference and they're like, "Actually I do treat cancer because I don't have a choice now." And here's the reality is one in 2.4 women and one in two men are expected to have cancer in their lifetime. And cancer rates are expected to double worldwide by 2030. We have 1600 people dying every single day, just in the United States from cancer. The fastest growing rates of cancer are colorectal cancer, you just talked about this earlier in the young.

It used to be a disease of the old, like smoker drinker, pickled meat type of people, that's where you used to see it. Now it's like the fastest growing cancer in the age of 35 is somewhere along the colorectal. The fact that we're not putting two and two together of what are we ingesting, that's causing harm in this tube of ours, that's throwing off our microbiome, that's degrading our nutrients, all the things? We're asking the wrong questions. The other fastest growing cancer is in also the young under age of 35 of glioblastoma. And yet we've had study after study showing, which is very, very aggressive brain cancer, we have study after study showing direct links to air pollution, direct links to EMS. So I like seeing you with these and I would like cringe, I want to go rip little AirPods out of people's ears when I see them. Yes.

Michael Roesslein:

I've corded everything.

Dr. Nasha Winters:

Yes, you have to cord out. You've got to have distances the key to EMS, those are the pieces here. So these are things that are coming. If you may feel like it's not going to touch you, well, here's the deal, the only cure for cancer is prevention. So if you're not already becoming aware of what's brewing in your terrain, you need to start to be like Michael and go to Copenhagen and get all your labs run and do a deep dive, just sense of where things stand now. And if you think

that you're somehow impenetrable to this, the conversations I have every single time with every person diagnosed with cancers, they say to me, "I was healthy until I got cancer." And then when you do a deep dive with folks and you actually do the 54 page intake we do with our patients, then you actually start to do a chronology of their life-

Michael Roesslein:

Not quite as healthy as they thought they were?

Dr. Nasha Winters:

They're beyond not, they're shocked at actually how unhealthy they're. And then they become more surprised that it took that long for them to get cancer. And that's where we want to help people understand, please don't wait until you have this diagnosis to do something about it. Please empower yourself now. So that's what you and I talked about last time, The Metabolic Approach to Cancer was my first book. And that really is the way that people can start to do sort of the audit, it has the questionnaire up front, it has sort of the audit of what you put in, on and around your body. And that includes the people in your life, the experiences in your life, right? And so that takes them on that journey.

And then the integrative cancer and mistletoe book is co-written with a bunch of experts in the field of integrative oncology with this one particular tool that's helping create the narrative of how we can actually treat in a better forward thinking way. And so we are hoping that we're easing people into a new way of thinking about and approaching their own health and creating awareness in their own body to prevent cancer to begin with. And if those folks have already been dealt that set of cards, then there's things they can do to improve outcomes beyond just what standard of care offers.

And that's what we can only hope. And that's what this institute is about. And that's about the data platform we're building so we can collect it and show in real time. Because I see it, I've been seeing it for 30 years, how much different my patients are and what their different experiences are and how much longer their overall quality of life and overall survival is compared to standard of care. Just to give an example, it was a recent study that took 96 drugs over the past 17 years that were specific to oncology. And when you put them all in a bucket and you look at the overall survival of what those drugs have brought to us in the last 17 years, do you want to know the overall survival rate?

Michael Roesslein:

No, but you're going to tell me.

Dr. Nasha Winters:

Want to have a guess? 2.4.

Michael Roesslein:

Survival rate of what?

Dr. Nasha Winters:

2.4 months. And we call that success in standard of care.

Michael Roesslein:

2.4 months from start of treatment until end of treatment for what type of cancer?

Dr. Nasha Winters:

Any type. You take all these new drugs that have come out in 17 years that we're spending an average $250,000 a year on.

Michael Roesslein:

Gazillion, it's one gazillion is what it costs.

Dr. Nasha Winters:

Yeah., kind of, it's getting to that point. And yet these drugs have done nothing but increase our life on average 2.4 months once you've had that diagnosis.

Michael Roesslein:

Yeah, those 2.4 months of feeling like absolute trash garbage too.

Dr. Nasha Winters:

What's the point?

Michael Roesslein:

I mean, I've lost some people to long cancer treatments that were of those things and I've seen what it is and I wouldn't do that.

Dr. Nasha Winters:

And that's how you make those same drugs and you can make them less toxic, you can give them lower doses, make them less toxic, by the way you pair them with things like mistletoe or hyperthermia or fasting around chemo, right? That's the thing is we're not even get rid of that, we're saying you guys can do a heck of lot more

Michael Roesslein:

Here's ways to enhance it and make it safer and make you feel not so shitty and make it have more effect. And why don't we just do this? I'm going to get on an anger rant then so we got to go. It's mtih.org is the nonprofit, that's where the center is raising money and investors and volunteers and everything else. Your website URL, what's that?

Dr. Nasha Winters:

It is well, you can go two places, you can go to mtih.org, which connects you back to me as well, which is drnasha.com, D-R N-A-S-H-A.com. And then if people want to dig deeper on the book and all of our resources there, themistletoebook.com. So you can even order it directly on that site, but also read on, learn about the authors, learn about our experiences, see our studies that we keep posting and the things that are keeping it current. So lots of good stuff, Michael.

Michael Roesslein:

You're kind of my hero now, so I will make sure those are all down below, people can click those, go to that stuff. And I'd love to have more chats in the future to find out progress on this. And I now have this many notes of other cancer related questions, so it's fascinating and it was so personal to me that I feel like is something I should learn.

Dr. Nasha Winters:

Oh, thank you.

Michael Roesslein:

So cool. Thank you so much, Dr. Nasha. It's super fun to talk and I hope to see you in a few months over here.

Dr. Nasha Winters:

That's it, yeah, yeah,

Michael Roesslein:

Yeah. And we'll do some more things. And I wanted to connect you with some people too, so I'll be reaching out.

Dr. Nasha Winters:

Thank you, my dear. All the best to you and your listeners. I know we'll have many amazing conversations in the future. Demistify and be turned by this concept.

Michael Roesslein:

Yeah, let's do it. Thank you so much.