

Mistletoe: An Emerging Adjunct to Oncological Treatment

A Special Interview With Dr. Nasha Winters

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone, this is Dr. Mercola helping you take control of your health. And we are going to take a side step from our normal routine, which is discussing COVID-19. But interestingly, if you understand this topic, it will unequivocally give you the tools and the resources to help prevent any damage from any infection, including SARS-CoV-2. So the divergence we're going to emerge into today is the second, probably going to the leading cause of death overall, which is cancer. And we're going to talk about a fascinating component of it that I didn't realize until I got out a copy of this book written by Dr. Nasha Winters, who we are going to be dialoguing with today. And the title of the book is "Mistletoe and the Emerging Future of Integrative Oncology."

Dr. Joseph Mercola:

So, I don't know that many of you have heard of it but we're going to hear a lot about mistletoe today, and more importantly and broadly, the strategy one should take to hit this. Interestingly, we'll talk about this, but cancer is not a new disease. I mean it is a new disease for the most part, it didn't essentially exist 150 years ago, but now it's like one of the leading and, progressing to the leading, cause of death. So you really have to understand how to approach it because either you or someone you know or love deeply will struggle with this, guaranteed, 100%, and most of you watching this, that's already the case. So this is going to be a fascinating resource because Dr. Nasha Winters is, in my view, the leading go-to integrative oncologist in the U.S., maybe the world. I have enormous respect for her.

Dr. Joseph Mercola:

I didn't always have that view of her. I was somewhat skeptical, but over the years I've come to appreciate that about her. And there's no doubt if I ever come down with cancer, and I doubt I ever will, but if I did, I'd see her first and she could have agreed to see me, which is really good, because she says it's impossible to see this woman. She's such in demand that the only way to get through is indirectly through the people she's taught. So, a fascinating woman. So we are just privileged to be able to dialogue with her today. So with all an intro, welcome, and thank you for joining us today.

Dr. Nasha Winters:

Aw, thanks doc. It's so good to be here. As I was saying to you before we got started, I think about you a lot. I know you are being kind of the "don't shoot the messenger" guy. You've definitely been the messenger as of late and always have been. I've been following your work for many, many years, and I know with the type of things you say comes controversy, but our world is controversial times right now and we have to be willing to lean into the sort of out-of-the-box concepts and conversations and you have never shied away from that, so I'm really grateful for you [crosstalk 00:02:50]-

Dr. Joseph Mercola:

Well, thank you for that, but it's not so much leaning into these concepts, it's just embracing the truth and helping people understand it in a way that gets them through the brainwashing. And thankfully we've been able to really help a lot of people. And the reason they're focusing on me is not that my reach is so big, it's just that I have a powerful voice because I've been at this for a quarter of a century.

When I say something, it's been my observation that many people listen because they know I have no hidden agenda, no ulterior motive. So that is why they perceive me as such a dangerous set and why there's such an enormous amount of intense effort to discredit me and get me out of the picture. It's [inaudible 00:03:29]. Life is so great. The more they try to discredit me, the more important my voice becomes. It's just crazy the way they work. "I think this guy didn't understand what they're doing."

Dr. Nasha Winters:

You're like they're helping you market without you [crosstalk 00:03:41]-

Dr. Joseph Mercola:

Yeah. Yeah. You couldn't be [crosstalk 00:03:42].

Dr. Nasha Winters:

Well, [inaudible 00:03:44] controversy as well, like I've had the same kind of dynamic. I've been, as of this month, October of 2021, at the time we're having our conversation, who knows when this will come out in the public [crosstalk 00:03:55] but at the time of our conversation, I'm coming on to 30 years out of a death sentence of a terminal cancer diagnosis. And still, to this day, get met with so much resistance to what I've learned for myself and for thousands, if not tens of thousands of other patients directly, as well as maybe way more than that, indirectly through the training of their physicians.

Dr. Nasha Winters:

And so, I mean, talk about two of the most controversial things we can talk about today, which is-

Dr. Joseph Mercola:

Yeah, yeah.

Dr. Nasha Winters:

-oncology and sort of the immune system and its relationship to both a pandemic viral issue as well as a pandemic cancer issue. For me, they're the same source, it's a broken terrain and that's where I put my focus. I don't put my focus on a virus and I don't put my focus on a cancer cell, I put my focus on the health of the host of which those things will invariably land or meet us at some point in our existence. So that's my crazy controversy is that I focus more on the human organism and the health of that terrain versus the condition or the disease or the label that overlays that person or that condition.

Dr. Joseph Mercola:

And you picked the perfect profession to engage in, or at least develop your professional training. So, and I neglected to mention that, but thank you for laying the groundwork and frame for what encouraged and activated your interest in this area, a personal challenge, but then you went into naturopathic medical school, because there's two different type of naturopaths. I had a girlfriend like 20 years ago who actually was a naturopathic physician like you, and I think you maybe even went to the same college.

Dr. Nasha Winters:

I did. I know her very well. Yeah.

Dr. Joseph Mercola:

Southwest College [of Naturopathic Medicine]. Probably about the same time.

Dr. Nasha Winters:

Yeah.

Dr. Joseph Mercola:

And it was her constant frustration. She's not practicing now, she's just a mother, [crosstalk 00:05:45] that's a full-time job.

Dr. Nasha Winters:

A bigger job.

Dr. Joseph Mercola:

But it was her frustration when she was that there was this massive confusion from the people, and not to disparage people who go to night school and, but it's a totally different thing and they don't have licenses like the four-year schools and there's only a few of them. So you went to one of those schools, specifically Southwest, I believe, in Arizona.

Dr. Nasha Winters:

You nailed it.

Dr. Joseph Mercola:

And you acquired a set of skills that really helps you to understand the foundation of how to do it. And I appreciate you laying that perspective that that is the strategy. You're not treating cancer directly, you are upregulating, improving the body so it can respond to whatever it needs to adjust to and optimize the approach to defeat the challenge.

So, let's get back to mistletoe. Most of us know about it as that holiday decoration that we can swipe a kiss on it, but it has far more profound uses. And prior to reading this book, I didn't understand. And I would like your insights on this. It seems to me, from reading your book, that you have to be literally highly irrational and delusional not to integrate this into almost every

therapy for any type of cancer. It's just crazy not to. So, anyway, that's my summary and you can take it off from there because this is your book.

Dr. Nasha Winters:

All right, love. Well, what I love is that you're like, "Okay, we're done. We're good. You've got this." But no, this is really powerful. This therapy, just to kind of give a little context, as you said, we think of mistletoe as the kissing plant. And if someone studied it, excuse me, in any framework, they'll see that it's been utilized in medicine for thousands and thousands of years. It has roots in druidic times. It has roots in Hippocrates' time. It goes back thousands of years as a significant herbal remedy for things such as epilepsy, for disorders of the spleen, as poultices and topicals for pain and rheumatic conditions.

Dr. Nasha Winters:

So it has been used as a therapeutic intervention, this semi-parasitic plant that you will see growing in the branches of thousands of species of trees from all over the world and yet just over a hundred years ago, in 1917, this, talk about another controversial character doc, Rudolf Steiner.

Dr. Joseph Mercola:

A historic luminary, for sure.

Dr. Nasha Winters:

Exactly. And someone who just had this keen observational sense, which I think is very important to be a good practitioner today anyway, is to be a good observer of nature and the people and the interactions around you, and Rudolf Steiner, this philosopher happened to look at the trees and notice this plant growing in them and said, "Boy, it looks like a tumor." And add is the case for many vitalistic medical practices from Ayurveda, to Chinese medicine, to naturopathy, to homeopathy, to even aspects of osteopathy and beyond, we see this concept of the doctrine of signatures.

Dr. Nasha Winters:

So for instance, you look at a walnut and it kind of looks like a brain and we think, "I wonder if that's any good for the brain," and sure enough, we find some significance in how it impacts the brain or things like lungwort. When you look at it, it looks like a lung and yet we've learned that this herbal medicine is very helpful for lung conditions. Well, the similar thing was happening with mistletoe growing in these trees. And it wasn't applied for a few more years after he made that observation in 2017, it was a doctor in Switzerland, Dr. Ita Wegman, who started to apply his observations to the human condition to see how this medicine impacted a patient with cancer.

Dr. Nasha Winters:

And so it's, since then, enjoyed over a hundred years of consistent application in the field of cancer as both a standalone, as well as an adjuvant support. And interestingly enough, who knows how in the world this man figured this out all those years ago, but in his observations, Rudolf Steiner understood that you needed to harvest different components of the plant, so the berries that bloom in the winter, which is very abnormal, and the leaves that grow in the summer, and that it never touches the ground, and that it grows inward, and that it has a very interesting

behavior compared to all the other plants that was also an observation of sort of how cancer works as well. It goes against the rhythm. It grows out of sync with the organism. That is very much what he also recognized in this.

Dr. Nasha Winters:

And as such, he harvested the plant and aspects of the plant at different times, blended it, and then took a particular extract from it. And he also noted that it needed to be injected, because you need to remember, a hundred years ago we didn't know about lectins, we didn't know about viscotoxins, and somehow he understood that you needed to inject it to get the anticancer benefit. Whereas today you could take the full tincture. You could take it in other ways. And it has a lot of other medicinal impacts, but it doesn't have the anticancer impacts.

And the reason being we've learned, or at least we suspect, because we're still learning, is that those lectins and things get broken down in our GI tract and they don't get into the bloodstream and they don't access the immune system in the way they need to when we inject it, either subcutaneously or intravenously or even peritoneal or intrapleural. [inaudible 00:11:35]. Yeah, or even intratumoral, which is what we talk about in the book.

Dr. Joseph Mercola:

Yeah. Yeah. So I definitely want to get in the mechanisms because it's pretty fascinating how it likely works, but can you respond to the question if you believe that, as I suggested earlier, that it's likely useful as an adjunct in any therapy for any cancer.

Dr. Nasha Winters:

A hundred percent.

Dr. Joseph Mercola:

Okay.

Dr. Nasha Winters:

And I've been training physicians on how to use this for several years now and now I'm with a group. In fact, the co-authors of this book, we all actually run a course now and you'll notice in our group of physicians, we are naturopathic doctors, we are medical doctors, we have one DO in the mix, and one of our doctors is even a hematologic oncologist at one of the largest hospitals in Europe specific to cancer. And so with that being said, we're a collective coming together with decades and decades of experience.

One of our physicians has been used using mistletoe for 45 years in his practice and what we've seen clinically and what the research suggests is that this therapy, it has always been about using it with others. It plays very well with others. It was never really developed to be a stand-alone therapy, though believe me, we've seen impact with that as well. And that it has virtually no contraindications with any of our standard-of-care therapies.

Dr. Nasha Winters:

So we can literally inject this into a patient the morning before they go into a surgery or they can start on this therapy the very day they're going to start a round of chemotherapy or radiation. It bypasses first phase detox pathways of the liver so it doesn't interact or intervene or speed up or slow down detox processes that could otherwise cause some adverse events or change the behavior of the desired effect of a certain medication or a certain herbal intervention or dietary intervention. And so it really does play well in the system with others.

And it has, yes, we'll talk about here in a bit, some mechanism of action, which is very, very interesting, but what we find most interesting is that it enhances these therapeutic interventions, even the most toxic of therapeutic interventions and seemingly brings a better quality of life and a lower side effect profile to the patient, that as you said earlier, this should be utilized, in my personal opinion, with every patient going through a standard of care approach to just enhance their experience with treatment.

Dr. Joseph Mercola:

Yeah. So interesting that it has no contraindication. That's very unusual and odd in medical therapies including one of the things that clued me into my initial fascination with your approach is that you've widely embraced the use of cyclical ketogenesis and metabolic approach to care therapy based on Tom Seyfried's work. And interestingly with that approach, there are some contraindications especially with cancer. If you're ketotic, you're playing with major danger if you start that type of intervention. So, this is even more broadly applicable than cyclical ketogenesis.

Dr. Nasha Winters:

I have to agree with that. That's where I love it, is that you can really pair this very well with standard of care therapies, with dietary interventions, with herbal interventions, with physical treatment interventions that are often — the ketogenic diet can actually, be contraindicated in some of those situations or certain different times, or that certain herbal remedies are contraindicated with certain — like everyone gets excited about green tea or gets excited about curcumin and makes it sort of a panacea and yet we know that high dose curcumin or even green tea extract can actually cause liver enzyme problems and impact the liver pathways.

We also know that green tea extracts for some people with certain epigenetic expressions, with like a slow catecholamine COMT (Catechol O-Methyltransferase) SNP (single-nucleotide polymorphism) is actually contraindicated and can actually make someone's estrogen backup more in the body and cause problems.

Dr. Nasha Winters:

So, there's a lot of things that we kind of have to be careful with saying, "Hey, it's good for everybody," but mistletoe in my experience and that of my colleagues, is that this is probably the least harmful and least contraindicated substance and therapy I've ever had the privilege of working with and I'm still learning from this plant as are my colleagues and the research is learning along with us. So to your point, it is pretty extraordinary and pretty rare to find something that is this applicable to the masses.

Dr. Joseph Mercola:

Yeah, and I think, and not only is it the least dangerous, but it's probably the least appreciated or least well-known because I really wasn't aware of it and I'm pretty astute to figuring or understanding these things early on, but it never really impressed me before as being as something that's so crucial important to integrate into every approach for cancer. And believe me, a lot of friends that I've known through the years have had it and I would never recommend it but now it's definitely part of a strategy. So, would you say that's true also that most, even natural medical physicians aren't aware how helpful it is?

Dr. Nasha Winters:

Absolutely. And in fact, when I started training physicians in this several years ago, I had a lot of pushback, and ironically, the biggest pushback I had were from the naturopathic community. They were terrified of using this therapy that was "unproven." And I'm like, "You have to understand just because it hasn't been FDA-approved does not mean it is not an effective medication." Just because we are not extremely familiar with it in the United States does not mean it is not well-understood and utilized abroad. And just because it may not be something you were taught and medical school, be it naturopathic or osteopathic or conventional medical training, does not mean it is not a powerful therapy.

Dr. Nasha Winters:

As I said, it is over a hundred years old of continuous use, it has over 250 very good randomized studies that would be even considered excellent studies within standard-of-care in the United States today. It just completed a phase I clinical trial at Johns Hopkins in the United States as an IV application for solid tumors and is getting ready to move it into a phase II clinical trial. It is the most studied integrative oncology therapy in the world. And it is utilized in upwards of 60% to 80% of all cancer patients in Europe will likely utilize this therapy at some time.

And it's even in the sort of repertory or the registration in parts of South and Central America, all over Southeast Asia and India, in particular, different parts of Europe, this is just part of their medical system and our colleagues just north of the border in Canada have it registered and our folks south of the border have it registered. It's just in the United States where we have a little bit of resistance to sort of embracing it into our conventional medical system.

Dr. Joseph Mercola:

Yeah, and with these last two years of the COVID nonsense, it's easy to understand why. It couldn't be more flagrantly obvious the reason is it's the drug companies. They love to suppress things. We have well-documented drugs even, they like to suppress because they're competitors like hydroxychloroquine and ivermectin. I'm not huge fans of them. They clearly work. I think there's better strategies.

But clearly I have no objection anyone using them as certainly as an alternative to what they're recommending, the COVID jab, but it's the same process and it's so blatantly obvious that they do this. And so it's just easy to understand that they're doing the same thing for anything that's threatening their financial revenues in oncology and they're significant.

Dr. Joseph Mercola:

If I'm not mistaken, and you can support this, I remember this from earlier interviews talking to some oncologist that, I think oncology is the only specialty in medicine, the only one where they

sell the drugs directly to the patient, and these drugs as almost everyone knows are expensive, and maybe give us a range and I think it might be a hundred thousand dollars a month or even more in some cases. But I think the clinician gets like a significant cut, maybe a third or a half of that.

Dr. Nasha Winters:

Well, and it's interesting because there's elements of truth to that. I can't speak to exactly what it is, but I do have a handful of colleagues that are standard of care, conventionally trained oncologists, who would verify what you're saying just from their own clinical experience and have decided to sort of step out of that because of conflict of interest and also because they don't want to be limited in utilizing therapies that actually can enhance what they do and help their patients have better outcomes and make their outcomes look better at the end of the day.

Dr. Nasha Winters:

And so a little thing I want to go back to, because you talked about this, about kind of the drug suppression or therapeutic suppression from the system, as a naturopathic physician who's been practicing integrative oncology for some time and who has teachers, mentors, colleagues, friends from all over the world, some of the most powerful therapies I've seen as anticancer that are beneficial even to the standard of care model of treatment, things like artesunate, curcumin, quercetin, a green tea extract, all of those in intravenous forms, those have been taken out of our ability to use here sort of outwardly in the United States. Do my colleagues still find workarounds and how to get access to these very important medicines? Absolutely they do, but they have to tread very, very carefully and very lightly.

Dr. Nasha Winters:

But again, you go north of the border or south of the border and you have no problem accessing these therapies, or you go to Europe, and this is what I've been doing for the last two years is these treatments that we've had great success with have been plucked out of our ability to access easily, readily, legally. We're now having to send our patients abroad for them to actually get good cancer care. That's what's really devastating to me. And another part of my purpose and mission is to build an in-house, residential research institute and integrative cancer hospital right here on our soil so we don't lose access and patients don't lose access.

Dr. Joseph Mercola:

Do you think that's possible in the U.S.?

Dr. Nasha Winters:

Yeah. Well it is. [crosstalk 00:22:13]-

Dr. Joseph Mercola:

It just seems so unlikely with the – things are getting worse every week.

Dr. Nasha Winters:

Yeah. Yeah. Oh, yeah.

Dr. Joseph Mercola:

They're abandoning every semblance of rule of law and the tyranny and the lack of effectiveness of the judicial branch of the government. It hardly exists anymore, so they're just destroying freedom and personal liberties. So how could you get away with doing that type of research in the U.S.?

Dr. Nasha Winters:

Well, first of all, we're completely out of the model so we are not going to take insurance and the hospital is a not-for-profit hospital so it will be cash-funded, it will be research grant funded, it'll be philanthropically funded, and it will be endowment-funded. We're all-

Dr. Joseph Mercola:

Don't you think they'll shut you down? [crosstalk 00:22:56]-

Dr. Nasha Winters:

Oh, they'll try, but the beautiful thing is we have thousands and thousands and thousands of patients that have been waiting for the doors of this to open. The other thing is we're a research institute so we're getting ourselves really dialed in, we will be doing all of our due diligence to let people know that these are not FDA-approved therapies, that people are coming in a research environment. They're either paying cash or they're getting grants based on their financial ability to help them cover this care.

We're doing it in a pretty open-minded medical state, the state of Arizona has one of the broadest scopes of practice in the country. And we're also very close to our southern border with Mexico so that if we do come up against someone shutting down one of our therapies for a bit, we are able to take our patients across the border to a little sister clinic to keep the continuity of care.

Dr. Joseph Mercola:

Oh good.

Dr. Nasha Winters:

We don't anticipate that happening because people are coming as a buyer beware. They're coming being well-informed to know exactly who we are and what we're about. And frankly, as you and I talked about before the recording started today, we get thousands of inquiries a month from all over the world looking for this approach. The patients will drive this home. And I do have colleagues like you and others say, "Wow, why don't you just do it in Mexico?" Or, "Why don't you just do it in Germany," or, "Why-" Well, those places already exist to some degree, the biggest challenge is I want this to be on our soil. I want to leave a legacy of changing the care of cancer in this country. This is where it's about.

Dr. Nasha Winters:

And yeah, it's a mighty David/Goliath story, if you ever heard one, especially now, but I also think the time is now because we also have these acts like the Right to Try act has passed. And because we do have more and more patients facing this diagnosis with grim outcomes. And because even a study that came out in the last year that looked at 17 years' worth of conventional

cancer treatments, the overall of 96 different drugs they looked at that were used over the last 17 years, the overall average survival rate of those pharmaceuticals was 2.4 months, okay? That is the reality and this is what's driving the clinical oncologists from around the world to sign up and take my course, right?

Dr. Nasha Winters:

And so I have physicians coming in from naturopathic doctors, integrative, functional medicine physicians, naturopathic physicians, functional medicine physicians, integrative oncologists and standard of care oncologists realizing that none of us are getting away from treating cancer patients and that all of us need to do a lot more to support these patients. So there is this massive kind of underground movement that's starting to sprout and come above ground that's happening. And frankly, mistletoe is one of the vehicles for that to happen.

Dr. Nasha Winters:

So I tie this back around because there was a big shift that happened when Hopkins took this on. And the irony is the only reason this clinical trial took place was not because NIH (National Institutes of Health) or some powers that be funded this study, this study was funded philanthropically and with people's donations and passion and purpose, that is how we're getting good research today. Non-industry driven, non-biased driven research to say, "Does this work?" And we fully expected that they would do everything they could to shut down this trial and it's been so effective that it's been approved to continue on into the other phases.

We are very excited and hopeful that the tide is turning and that we have more and more people saying, "We'll philanthropically fund the research that's needed to show therapies such as mistletoe or some of these other off-label uses and certain viral patterns or other cancerous processes that can be happening under our roof." And so we're very excited about that possibility and we are finding people coming out the woodwork who are interested in helping fund this vision to come into reality in this country.

Dr. Joseph Mercola:

Yeah, that's really the only practical [inaudible 00:27:09] because Fauci has pioneered the process of really directing all this funding from the federal government, primarily through NIH. But of course he's head of the NIAD (National Institute of Allergy and Infectious Diseases) has directed over trillion dollars, a trillion dollars of funding from federal government in these last 50 years and in this position at NIAD. So he's basically controlled it. All the funding goes to the principal investigators that are totally connected with [Big] Pharma and it's just this vicious cycle that is very difficult to penetrate so really the only other way is philanthropic approach. So, congratulations for that approach because nothing else is going to work.

Dr. Nasha Winters:

And that's just it, instead of trying to fix the model, we're just creating a new one. Really this is about-

Dr. Joseph Mercola:

Side stepping.

Dr. Nasha Winters:

Exactly. And similarly, like kind of coming full back around with mistletoe, where a lot of people have been kind of against it is you can't patent this. It's a natural therapy, right? And so there wasn't interest. There was no Big Pharma interest of the money they could bring in. However, what we're also hoping to show is that it could lower hospitalizations, it could lower delay in treatment, it could lower side effects that require medical intervention that ultimately lower the bottom line of insurance coverage for patients going through a standard of care. So we also know that that back doorway speaks to the insurance companies and speaks to folks that may support this type of care for their patients.

Dr. Nasha Winters:

So what we're trying to do is build the bridge, because we know we can't go against it on one level, so we're building a new model, but we're also trying to build a bridge and we're able to show that this therapeutic intervention, which when you look at the bottom line, a lot of integrative cancer therapies, Doc, are very, very expensive, very expensive. This therapy in comparison is one of the least expensive and most effective out there.

You're looking at about maximum \$250 to \$300 a month of an intervention that when you're looking at the cost of say vitamin C that's been really well shown or DCA (dichloroacetate) or some of these other metabolic interventions, hyperthermia, we're talking thousands and thousands of dollars.

Dr. Joseph Mercola:

Tens of thousands sometimes.

Dr. Nasha Winters:

Right? And so we're excited to have a therapy that basically is accessible to the general population and even different foundations and organizations exist to even help patients without the means get scholarships to purchase this product and to use it as a supportive intervention. So what we're realizing is instead of putting our energy into funneling and fighting the old, we are very interested in just putting our energy into creating the new. And that's where I feel like, especially in these last couple of years, I don't have the bandwidth to keep fighting the old so I'm just sort of like, I know there are lots of people like yourself and others out there who are taking on that, while you guys are kind of keeping them distracted with that, we're out building something entirely new in the health care model.

Dr. Joseph Mercola:

And we're not fighting them, we're just exposing them-

Dr. Nasha Winters:

You're exposing them.

Dr. Joseph Mercola:

-because really they are so sophisticated and powerful that it's almost impossible to fight them unless you do some very clever strategies like in "The Art of War," but you can't fight them directly, they're just too big. So let's get back to mistletoe though, because you mentioned in one of these expensive interventions, hyperthermia being one of them, pretty effective, but it can be used like that because it actually raises your core body temperature if used intravenously and there's a whole variety of methods that one needs to understand before you can apply it because there's different species and you have to understand those to use it, but I want you to discuss that and then some of the other mechanisms, because I think we've laid the groundwork that people can understand there's a high likelihood that it's going to be useful, but it helps if you understand why it's useful.

Dr. Nasha Winters:

Yeah. Yeah. Well, one of the things we've been doing, when I was starting out in practice, I knew that the immune system was integral to how we were going to deal with cancer. The metabolic and the immune function, they are also very tied together, which we're finding. We're seeing that our bodies are unable to fight a basic virus if we're metabolically broken, right?

So we can't separate those out into a silo either. This also applies to how mistletoe works. So if someone's still living on a standard American diet and still metabolically broken, mistletoe is going to be less effective for that person than someone who's also taking charge of their health in other ways. So I do want to paint that picture as well, that it's not the magic bullet and it isn't the magic fix.

Dr. Nasha Winters:

What it is however, is an immunomodulator. We do know that. And in today where we're funneling billions of dollars into clinical research on immune therapies, just a few years ago, these same oncologists that are super excited about immune therapies, just a few years ago poo-pooed the idea of somebody like me saying that it's important to get your immune system functioning to deal with cancer, right? So until there was a drug that they made money from this just sort of didn't exist. It's just the way it is.

Dr. Nasha Winters:

But the thing about today's modern immune therapies, where we're funneling the majority of our research dollars now, is that they are less than 20% effective, and by effective I mean response rate, and by response rate I mean to be able to look at a scan or an imaging or to be able to look at a tumor marker and make a difference, bring it down a little bit. That does not mean cure at all, right? But the languaging we put out there in advertising the success of these therapies makes it sound like they are cures. So just to reiterate, only less than 20% have a response to these blockbuster immune drugs.

Dr. Joseph Mercola:

Yeah, could you just give an example of some of them because I know you're very familiar with them and it's likely many people would be also.

Dr. Nasha Winters:

So a lot of folks have heard kind of like Jimmy Carter's story with his melanoma that had met to his brain and that he took this immune drug and is now really kicking, well that drug was Keytruda. And so that's a checkpoint inhibitor and that is basically, the most common drugs you'll hear about are things like Opdivo, Keytruda, you might hear about PD-1, PDL1 inhibitors, those are checkpoint inhibitors, or CTLA-4 inhibitors, also a type of checkpoint inhibitor. These are drugs that kind of pull the breaks off your immune system to go hog-wild in treating the cancer. Now that seems like a great idea, unless you have underlying metabolic dysfunction, right? Hello?

Dr. Joseph Mercola:

Which 90% of the population has.

Dr. Nasha Winters:

Yeah, 88% per studies.

Dr. Joseph Mercola:

Well that was 2016 data, so I'm sure it's over 90%.

Dr. Nasha Winters:

Thank you. I totally agree. And then also the amount of autoimmunity, if you have an underlying autoimmune condition, you are also someone who's likely going to have a not-so-positive response to these medications. What I love about mistletoe is it comes in and it modulates that teeter-totter. It doesn't take the breaks off and make it go hog wild and it doesn't suppress. It basically says, "Hey, are you over expressing in this direction or this direction?" And it modulates, thinking kind of adaptogenic in some ways.

So it behaves a little bit like a smart bomb, a smart drug, in that it can tie, like kind of sort of match itself to the individual. It is not a protocol, it's a patient-driven process in that we, to you mentioning this earlier, we look at the person's gender, we look at the tumor type, we look at the tumor stage, we look at the general condition of the patient itself, and then we consider the most appropriate host tree. The most common are the pine, the fur, and the apple tree hosts for mistletoe tend to have the highest lectin content that have the highest anticancer content.

Dr. Nasha Winters:

And then we look at the dosing frequency, and even if we're going to do it subcutaneous, intravenous, intratumoral, intraperitoneal, et cetera, depending on where you live in the world and how we're going to pair it with other therapies, if at all, right? So it is based totally on the individual and the individual's response. We want the patient to have a little local reaction if they're injecting it. We want it to get a little redness and irritation and itchiness and maybe tenderness.

We want it to raise the body's temperature a little bit. IV therapy will do that even a little bit more robustly, intratumoral, even more robustly. And so the point is we want to create this cytokine release at a very low-grade level. Whereas when we bring on an immune drug like Keytruda, it creates a cytokine release at an explosive level that can sometimes be fatal for patients.

Dr. Joseph Mercola:

I assume it's not targeted also, it's systemic.

Dr. Nasha Winters:

Exactly. And that's just did, is that we're not looking for a single receptor site like those drugs are looking for. So they're looking for a PD-1 or a CTLA-4 receptor site, this is a systemic terrain-centric approach. And so in its mechanism of action, it's engaging with the B-cells, it's engaging with the T-cells, it's engaging with natural killer cells. It's basically saying, "Hey, are you guys online or offline?" If they're overzealously online, it calms that down so you don't get this massive over-immune reaction that can be problematic. And if it's dormant and not behaving properly, it wakes it up. It stimulates it to do its job as it was meant to be.

Dr. Nasha Winters:

It also has this very uncanny ability to lower inflammation directly so we can even do testing, like you know I love to do testing so we can watch and see the C-reactive protein, Interleukin-6 you know, homocysteine, LDH, liver enzymes, you can watch those things come down with this, so we can see it in real time so we're not just guessing.

We can see that it's having an impact on the immune system by a good old CBC because we'll see the eosinophils come up a little bit. We'll see kind of a normalization of our neutrophil-to-lymphocyte ratio, which you and I have talked about in the past and the importance of that. We'll definitely see that piece. We can also measure serum or plasma VEGF, vasoendothelial growth factor, which is a driver of angiogenesis, which is-

Dr. Joseph Mercola:

Wow, I didn't know you can measure, is that a commercially available test?

Dr. Nasha Winters:

Yeah, well, yeah. You can go to Labcorp or Quest. You can get [crosstalk 00:37:45]-

Dr. Joseph Mercola:

Wow, I did not know that was available.

Dr. Nasha Winters:

Yep.

Dr. Joseph Mercola:

Are there any nuances in measuring that? Like does it have to be fasting or [crosstalk 00:37:51]-

Dr. Nasha Winters:

No, I always tell my patients fasting just to, I'm usually-

Dr. Joseph Mercola:

Yeah, yeah.

Dr. Nasha Winters:

[crosstalk 00:37:55] a pile of labs so we just do that, but I definitely use that as a baseline and especially if someone's wanting to put them on an angiogenic inhibitor. It's like, "Well, let's see," because we can test that in the tissue and on a liquid blood biopsy to see if the tumor or the tumor cell expresses VEGF, but we can also see what's happening systemically with VEGF. And we can mitigate that. [crosstalk 00:38:17] come down.

Dr. Joseph Mercola:

VEGF and cancer is a nightmare, you definitely want to suppress, there's a lot of drugs targeted toward it. But actually if you're trying to get healthy, it is absolutely crucial. And if you don't activate the production of VEGF, you'll be absolutely guaranteed to develop frailty.

Dr. Nasha Winters:

And that's what happens. A lot of these folks get on these drugs, the antiangiogenic drugs, and they end up basically jumping from one frying pan into another. And what we see, what's very interesting about the antiangiogenic drugs, things like as an example of that as Avastin. If a patient's on Avastin, typically within three to six months, I start to actually see their serum or their plasma VEGF start to rise. I start to see other angiogenic processes happen, such as copper angiogenesis will start to rise because as you said, we need vasoendothelial growth factor just to survive, right? And so the body is going to find a workaround. So if you're blocking it, if it's you're whack and mold blocking it over here, it's going to find another way to over-activate. But if you've not modulated and changed the terrain, you can actually create more angiogenesis that feeds the tumor versus the terrain when you're on those drugs that block.

Dr. Nasha Winters:

And so like an interesting thing, vasoendothelial growth factor activation, the number one, well there's two major causes of it, metabolic dysfunction, so basically insulin drives it as well as stress response, so cortisol drives it. Those are the two biggest things we deal with on our planet today. And so you can put all the Avastin you want in the system to block that pathway, but if you don't also address the stress response and the metabolic response and clean up the terrain, it's going to find a workaround and it's going to be just as aggressively activating of that tumor growth as anything else. And so I love that you have this therapy mistletoe that comes in that lowers inflammation, that lowers VEGF, that actually one of its most potent and most studied interventions or mechanisms of action is that it's a quality-of-life enhancer, Specifically what we believe-

Dr. Joseph Mercola:

So important. So important.

Dr. Nasha Winters:

So important. We think that it's upregulating both the endorphin as well as the endocannabinoid system. It's [crosstalk 00:40:37]-

Dr. Joseph Mercola:

Wow, this is all from mistletoe?

Dr. Nasha Winters:

It is all from mistletoe. So then you're getting that stress modulation. And if you're getting that stress modulation, you tend to not be using food as your drug of choice. Maybe you have a little more wherewithal to choose better options for yourself versus medicating with sugar or alcohol. And then interestingly, we've actually had several studies that it does in fact lower blood sugar and lower insulin.

So it really is hitting all of what we call the Terrain Ten from my previous book, "The Metabolic Approach to Cancer." I find that mistletoe tends to hit every one of those drops in the bucket from epigenetic expression. We use it to clean up DNA. So we use it for people who've gone through radiation. We'll use it as a DNA stabilizer. We'll use it if people have taken a course of CPRO to help clean up the metabolic mayhem, the DNA damage that CPRO causes to the system. We know that it has some impact on insulin and IGF-1. We know that [crosstalk 00:41:40]-

Dr. Joseph Mercola:

I'm assuming that would be for all for fluroquinolones, not just CPRO too.

Dr. Nasha Winters:

Thank you. Exactly. All the fluroquinolones. All of them. So it definitely has impact of supporting that. And in our book, we have hundreds and hundreds of references to all of the different mechanisms of action and there's a couple really great, like my colleague, Dr. Paul Faust, he does a beautiful chapter on its direct impact on the immune system and all the nuances of that, which is, boy howdy, that is really the hot topic today, both in COVID but also in cancer and cancer research.

And that chapter alone will illuminate for so many people why this therapeutic support and this therapeutic intervention is so helpful for the cancer patient, for prevention of cancer, for cleanup after cancer treatment, and also for other conditions. So we see very good benefit with it in modulating autoimmunity and having some antiviral effects, it's being used in the Lyme community which is a, I tell people all the time, I think it's easier to treat cancer than Lyme. I'm working with people dealing with cancer than Lyme. It's such a tenacious systemic condition where you're finding that mistletoe seems to have very beautiful impact there.

Dr. Joseph Mercola:

And interestingly, hyperthermia is an intervention that is sometimes used to treat Lyme so the mechanism is the action that may be pretty similar from that perspective.

Dr. Nasha Winters:

Totally. And when you put them together, the synergy, when you pair mistletoe with hyperthermia, like so many of my colleagues in Europe-

Dr. Joseph Mercola:

Wow.

Dr. Nasha Winters:

-have been doing for the past 50 years, talk about the biggest bang for your buck. We see some pretty extraordinary outcomes where I've had patients go over to Europe, stage 4, sent home to hospice, unbelievable metastatic disease everywhere, getting IV mistletoe along with both local, regional and whole-body, high-heat hyperthermia that have put their cancer into complete remission in many cases, but at the very least, and to turning it back into a manageable disease process, and even more interesting, increasing the responsiveness to other therapies again.

Dr. Nasha Winters:

So basically, the patients become resistant using a fever therapy like mistletoe by itself, or like hyperthermia, or a combination of the two, you actually can make that patient start to respond to their previous pharmaceutical interventions again, so overcoming that drug resistance. These are the places where I try to encourage my standard of care naysaying colleagues that we actually make them look better. Like this therapy is actually helpful to make their therapeutic interventions work a bit better. And so that's where you and I kind of started this conversation today is why is this not available to everyone to help enhance standard of care, but also protect and support the terrain that surrounds those tumors and those tumor cells?

Dr. Joseph Mercola:

Yeah, let me just summarize and help you clarify. The most effective form of mistletoe intervention, especially if you're treating aggressive cancer would be intravenous, and this is not something you want to do by yourself. You really need a clinician who can guide you through the process because you provide supportive training for a group, and I definitely want you to discuss how people would find access to someone who understands how to use this therapy. And again, reinforcing the point that this is not an expensive therapy. The cost of the therapy is going to be somewhere between \$200 and \$300 a month, highly affordable, highly effective. I think it's beyond irrational not to integrate this into any cancer therapy you're considering.

Dr. Nasha Winters:

Exactly. Exactly. And I do want to come back to the point, from 2003 until 2014, I only used this therapy as a subcutaneous therapy because that's the only thing I'd learned and that's the only way I had known how to apply it and it was the only way I had access to it. And in some ways, I'll be very frank, I think it put me on the map as an integrative oncology expert is because of the out of the patient experiences that then shared their experiences on forums, such as Inspire, these cancer forums online, where people started describing that they were terminal, they were stage 4, they were having terrible side effects, their conventional treatment stopped working, and suddenly they started working with somebody like me with this subcutaneous intervention that was a game-changer for them.

Everywhere from putting them into complete remission, to enhancing their quality of life, to taking away their pain, to making their standard-of-care drug work better, to building up their

bone marrow so they didn't have to skip so many treatments because their bone marrow was too low to get the next infusion of chemotherapy, you name it, it started to bring that to awareness.

Dr. Nasha Winters:

And I did not start using the IV form of it until 2014 when I had a patient who, we talk about this in the beginning of the book, who was going home to basically say goodbye to her family in Europe and she was in incredible pain. She had clear cell carcinoma of the uterus that had metastasized everywhere. This is a very aggressive cancer that does not respond to standard of care interventions. And she'd "been failed by," although the wording they usually use is that she failed the treatment, but she was failed by three rounds or three different lines of standard-of-care therapy.

So she basically went home to say goodbye. And in the interim we thought, well, we can do some pain intervention and quality of life intervention with a colleague of mine who's doing high-dose IV mistletoe along with hyperthermia. She did two weeks in his clinic. She came back a month later, had a scan, and more than 80% of her disease burden was gone.

Dr. Nasha Winters:

And yet her clinicians at a big, well-known cancer clinic said to her, "Well, you'll still be done in a few months." And so instead of them celebrating the news, they basically still went to the same beat of the drum saying, "You're going to be dead very soon," and she was pretty devastated by that. And I said, "Well, why don't you call the doctor who treated you in Germany and see what he says." And he basically was like, "Oh, well, it's kind of disappointing that they're still a little residual. Why don't you keep working on your train and come back in three months and we'll do one more round of therapy."

Dr. Nasha Winters:

This woman was given less than six months to live, that was in 2014, she's still here completely free of disease today with that combination. And it was from that, that encouraged me to step out of my comfort zone and bring access to mistletoe intravenously into my clinical practice. And it was then a few months after that, that I was contacted by Johns Hopkins saying, "We've been watching you. You haven't killed anyone with this therapy yet. And we are trying to start a clinical trial." Their initial clinical trial for mistletoe in this country was going to be subcutaneous for stage 4 pancreatic patients only who had "failed" previous lines of therapy.

Dr. Nasha Winters:

When they attended, they attended the same conference I attended in September of 2014, they heard the case study about my patient and they got curious and then realized no one was doing this really in the United States, so when they started apparently stalking me and realizing I was doing it and having really interesting outcomes, that's when I went back and helped them design a different IRB (Institutional Review Board) and a different study design to do an IV clinical trial on all solid tumor types that had been basically left without any other options. So, it's still, just the nature of the beast, it was still for folks who were failed by standard of care, who had solid tumor, who otherwise, no other options.

Dr. Joseph Mercola:

And what's the status of that [crosstalk 00:49:26]-

Dr. Nasha Winters:

Phase one is done [crosstalk 00:49:28]. We're moving into phase two. And all the data from phase one is being churned for publication. So, we knew it was favorable. That's about all I can say without breaking all the rules and regulations, but enough that the FDA has already approved a phase two and three trials so now they are philanthropically gathering funding again to pay for that phase two, because we've talked about already, no one's interested in standard of care to fund this trial yet it's clinically relevant enough that it's creating the curiosity to keep going and studying.

Dr. Nasha Winters:

So that's how these things have kind of impressed upon me that this is a therapeutic intervention that this was a gal who was really in trouble and I still had great success with subcu for many years, but when IV came under our ability use, we could really hit some very, very aggressive cases that helps stabilize and turn things around, enough to help the patient actually get their feet underneath them so they could start to change their diet and their lifestyle and bring on other interventions to help shore them up.

Dr. Nasha Winters:

Because the first time I used it in office was with a woman who was in hospice who was basically incoherent and in extreme pain that even morphine wasn't touching it and so we took the IV to her home expecting to give her end-of-life care. And that was, my gosh, seven years ago. And we thought she had days left and I was called in by my local hospice team to help give her, because they've worked with me before, brought me in doing acupuncture and homeopathy and other therapies, and seeing that we could bring some good resolve and good support for people in end-of-life care. So we brought that in as an intervention for end-of-life care and she's still here to tell the tale. So that was not anyone's expectation and I don't mean to imply that's what everyone's experience will be, but it was enough that made me feel bold enough to say, "Holy cow, if we can do this, what else can I do?" And so that's where I started training physicians all over.

Dr. Nasha Winters:

And my colleagues and I now train with the Physicians' Association for Anthroposophic Medicine also known as PAAM, they're who sort of sponsor these trainings. We now have one available online for physicians. And then we will be doing a live event. We're actually taking positions next fall, 2022, to Europe to go into the hospital environment to actually see real times where you're doing boluses of mistletoe into pancreatic tumors or into the portal vein for people who have HCC, hepatic cancers that are very, very aggressive. There's a consideration of a clinical trial at one of the big institutions in this country specific to that cancer type, because it doesn't fare well per se [crosstalk 00:52:21]-

Dr. Joseph Mercola:

When they inject the tumors, is it under ultrasound guidance?

Dr. Nasha Winters:

It is. It is. Yep, it is. And in some of the cases where we've seen at some of the presentations live CT-guided embolization of mistletoe into the portal vein or into tumors, into the pancreas, I've seen some pretty extraordinary experiences with that. And so we're taking physicians who have that capability, who work in environments that have CT or ultrasound guided imaging to be able to learn and master how to bring those in. We'll be definitely offering that in the hospital in a clinical trial setting in the not-so-distant future, once we can get that hospital up and running, but that's where colleagues are doing this abroad successfully and writing papers about it.

Dr. Joseph Mercola:

So I am certain that many people watching this would be interested in finding out how they could avail themselves to a clinician who is trained and properly administering this therapy, so how would someone find one of those clinicians?

Dr. Nasha Winters:

Sure. The first and foremost, I'd go to the PAAM website, which is, I believe it's wildapricot.org. Your search engine would take you to [www](http://www.wildapricot.org), where did I – I want to make sure I'm getting this correct here, though the place that's going to get you the most information on even the research and resource as well as where to get training is [anthro, A-N-T-H-R-O, med, M-E-D, .org/mistletoe](http://anthro.A-N-T-H-R-O.med.M-E-D.org/mistletoe).

That's also the repository for articles as well as research, as well as who to see for clinicians.

Dr. Joseph Mercola:

Perfect.

Dr. Nasha Winters:

And then the ClinicalTrials.gov has the Johns Hopkins' information of what's been completed and what's getting ready to start back up. And then there's a great mistletoe resource for ongoing literature and the evidence that's out there outside of the United States, which is a European resource, which is Mistletoe-Therapy.org, and then [/ScientificLiterature](http://ScientificLiterature). And we'll get you some of these links for your show notes here for folks to go on directly.

Dr. Nasha Winters:

And then folks like MTIOfHealth.org, M-T-Iofhealth.org, which is the not-for-profit association that I'm associated with, which is where we're building the hospital, we also offer grants to help patients access this type of therapy, so that's one resource. Plus it also resources out physicians that have been trained in this. And then another resource that is, who funded the clinical trial at Hopkins who's not-for-profit foundation funded the clinical trial is BelieveBig.org.

All of those places resource out information about mistletoe, where to find a practitioner who is properly trained in it, as well as access some of the grants that are available to help people with funding issues have access to this therapeutic intervention. So again, we are in the workaround here. This is completely out of the system, and to my design, that's why we think we'll be successful in changing integrative oncology in this country [[crosstalk 00:55:24](#)]-

Dr. Joseph Mercola:

Are there clinicians in most areas, most big states?

Dr. Nasha Winters:

I would say all the states have somebody, but they're definitely far and few between, but many physicians even can train patients how to do the subcu in telemed and get them access to it. So, don't let that deter you.

Dr. Joseph Mercola:

Yeah, so don't get discouraged if there's not a local clinician. If you have your personal physician is interested in this, he can easily access the training.

Dr. Nasha Winters:

Exactly. And we have-

Dr. Joseph Mercola:

[crosstalk 00:55:52], sorry, thank you.

Dr. Nasha Winters:

Exactly. They will be non-binary, but we can definitely access this now. PAAM has our three-day intensive training on this available online. We're also launching a beginner's course online this fall, 2021. And then we have the immersion advanced training in Europe in fall of 2022 on the horizon. And so I really encourage people, this is not a protocol, this is not something like once you've pick up the book and read it you're not going to be an expert at mistletoe, either giving it to yourself as a patient or being an expert as a clinician that we give a lot of [crosstalk 00:56:29]-

Dr. Joseph Mercola:

Yeah, there's a lot. It's a solid book.

Dr. Nasha Winters:

It is.

Dr. Joseph Mercola:

If you really read it and understand it, you'll probably know as much as most of the clinicians do.

Dr. Nasha Winters:

A hundred percent.

Dr. Joseph Mercola:

Yeah, it's a good, well-written, I appreciated that. [crosstalk 00:56:40]-

Dr. Nasha Winters:

Thank you. We're excited to change, help it be another part of everyone's toolbox in their plight with cancer.

Dr. Joseph Mercola:

Yeah, that was a great summary. And if you have any interest in this, when is the book going on sale?

Dr. Nasha Winters:

So it is preorder now. You can find it on DrNasha.com to do a preorder. You can go to the PAAM site, that anthroposophical medical site. You can go to MistletoeBook.com, that will also take you right to the preorder link. Steiner Books is our publisher, and will soon be available on Amazon. The book is available pre-order and we are expecting it to come out into hardback print the first week of November. So we're about a month out from its launch to the rest of the world.

Dr. Joseph Mercola:

Okay, good. So we'll probably have this interview air the last week of October, so that's good to help support the launch of your book because it really is an important step and a very, very common, pervasive, unfortunately pervasive, clinical condition. So thanks for summarizing that. I also had a fear of curiosity questions, as long as I have you, because if you're interested in metabolic therapies, I'm curious as the integration of this.

And I mentioned earlier that there are some contraindications, anorexia, but on being underweight, which is cancer cachexia is so common. So I'm wondering what your thoughts are on using ketone esters, which are expensive, but anyway, as costs go, is still pretty low compared to other interventions, but will ostensibly give you similar benefits of actually doing it nutritionally.

Dr. Joseph Mercola:

So, it seems to me like they're useful if you're going to target specific interventions like CT scans or radiation therapy that you got to be out of your mind not to use those things and it's sad that most people understand that, but I'm wondering is it not only useful in that intervention, but also beyond where you use it supportively as an ongoing therapy.

Dr. Nasha Winters:

At first, I loved this and interestingly, you talked about earlier, cachexia may be contraindicated for ketosis. I actually have a very different experience.

Dr. Joseph Mercola:

Okay, yeah. Unless you have an expert like you-

Dr. Nasha Winters:

Exactly. If you know how to get – yeah-

Dr. Joseph Mercola:

If you know someone to walk through the minefields, you can do it, but generally, the answer is no.

Dr. Nasha Winters:

Yeah. Agreed. Agreed. And that's exactly. If you have a guide to walk you to the minefield, that is a perfect statement. We know how to help people use ketosis, therapeutically, to get them through cachexia. And one of those strategies, to your point, is ketone esters.

I appreciate the esters over the salts for a variety of reason. I think they're more potent and more effective. And to your point as well, we will use them therapeutically. So for instance, 20, 30 minutes before hopping into hyperthermia, hyperbaric oxygen-

Dr. Joseph Mercola:

Oh, really?

Dr. Nasha Winters:

-for radiation treatment, we put it in.

Dr. Joseph Mercola:

Do you use it before or after?

Dr. Nasha Winters:

Before.

Dr. Joseph Mercola:

Before. Okay.

Dr. Nasha Winters:

And it's incredible because it puts that extra pressure in the system, which then creates an even more therapeutic response while protecting for things like the high cytotoxic therapies like radiation or even hyperbaric can be quite cytotoxic and hyperthermia can be quite cytotoxic. We can actually support that sort of storm.

Dr. Joseph Mercola:

And what's the dose range and how many grams it is?

Dr. Nasha Winters:

Somewhere between – some patients it depends if they're already in ketosis.

Dr. Joseph Mercola:

Yeah, yeah.

Dr. Nasha Winters:

I'd only need five to 10.

Dr. Joseph Mercola:

Okay, that's what I was thinking.

Dr. Nasha Winters:

Yeah. If they're sort of ketosis naive and they're new to this, we might need 30 to 50. Like we might have to go a lot harder, but it is a very powerful tool, very powerful tool to enhance the efficacy of some standard-of-care therapies as well as really well-vetted integrative cancer therapies. And also if I have patients that are preparing for a PET (positron emission tomography) scan or something or patients who are starting to become – like work on creating metabolic flexibility, who are up against that carb flu, low-carb flu or really struggling to get their ketones up, we'll use that to kind of help push them up over the hurdle.

It can really put people there and really help people even clean up like after they've done a round of, say steroids, for instance, maybe they've just had a brain surgery for their glioblastoma, we'll use the ketone esters to get them into therapeutic ketosis as quickly as possible to clean up and scavenge up all of the damaging effects and the growth factor effects of that hyperinsulinemia that comes with the steroids.

Dr. Joseph Mercola:

It's a such a powerful, relatively inexpensive, extraordinarily safe, and virtually unknown therapeutic intervention.

Dr. Nasha Winters:

Agreed. Totally.

Dr. Joseph Mercola:

It's just probably a little bit more of the mistletoe, but not much.

Dr. Nasha Winters:

And to do them together, like if I have a patient who's getting ready to do hyperthermia or radiation to bring that sort of trifecta together of the intermittent fasting with a little ketone ester bolus with your mistletoe, so you've got a little of that warming therapy happening when you pop into the hyperthermia or the radiation or the hyperbaric. Holy cow, you are [crosstalk 01:01:51]-

Dr. Joseph Mercola:

You're optimizing. You're optimizing synergies. Which is really powerful.

Dr. Nasha Winters:

Exactly.

Dr. Joseph Mercola:

So, thank you for that. I'm so glad I was led to ask you that curiosity question, because I'm definitely changing my protocol [crosstalk 01:02:04]. I'm going to add about 10 grams. So, and then the key too is obviously you want to be fasted and you don't want to eat a bunch of fruit before you go into the chamber because the sugars would definitely stop the production of ketones.

So, well, if you're watching this or listening, I'm sure you're intrigued and impressed with the depth of knowledge that Dr. Nasha has. And an important overall picture is that, she has just touched on a fraction of a fraction of a fraction of the depth of her knowledge in this area. She's briefly alluded to the testing that's done, but it really is so, it's almost impossible to adequately treat someone unless you understand the testing and you integrate it and implement it on a regular basis.

Dr. Joseph Mercola:

And she does, maybe have some job of that and I neglected to mention earlier, one of the reasons I'm so impressed with her is that the mother of one of our veterinary doctors who's on this site, Dr. Becker came down with a problem. And I participated in the consults and I just was beyond impressed with, I had no idea the scope and breadth of your knowledge and what you were doing. I was just shocked at how effective it was, not effective, but how comprehensive, and effective too, but obviously initially you can only tell how comprehensive it is.

Dr. Joseph Mercola:

So I encourage anyone to really, who's struggling with this, and I know many of you are, is to seek someone like her or someone she's trained that can help you with these similar strategies. And I don't recall it there's links for that in the book. Obviously it's in the mistletoe and you've mentioned them, but how does one, mistletoe is only one part of the intervention. It's an important part for sure, and it's essential to almost all the cancers, but how do you find the actual clinician? Is it that the same people administering mistletoe will do the integrative oncology too?

Dr. Nasha Winters:

Such a great question. And that's the one thing is just because you're trained in mistletoe does not mean that you're also trained in integrative oncology, and if you're an integrative oncology expert, that doesn't mean you've been trained in mistletoe. And so because of the demand we get on a regular basis and the inquiry we get on a regular basis from people from all over the world, January of 2020, I launched a metabolic approach to cancer, sort of mastermind, bringing in the best of the best clinicians that I've known and worked with or consulted with on their patients' behalf that loved my approach and wanted to learn how to, not just be given a fish, but learn how to fish. And so brought in our first cohort of 12, and then our next cohort had 25, then our next one had 28, and we're starting our fourth cohort tomorrow night with another like 20 physicians from all over the world.

Dr. Nasha Winters:

We now have almost, I think, 10 or 12 standard of care oncologists who've gone through the program. The majority of the people going through my program are actually medical doctors from all over the world. The vast majority of them in the United States, but these folks are the folks that have been taught in a particular methodology that I've created over 30 years of my own experience of test, assess, address, don't guess. So they learn the why, they understand exactly the how of really testing and evaluating the patient and becoming truly personalized with that patient. They learn a ton about a lot of the off-label drugs and a lot of the other therapeutic interventions that are well-vetted and pair well with standard of care or standalone. They learn mistletoe, they learn all about the terrain.

Dr. Nasha Winters:

We even talk a lot in our forums on even how to deal with the current COVID crisis, because they're all in the same arena as far as we keep neglecting the terrain of the individual and we keep looking at the wrong approach to treat or handle these crises. And we're getting further and further and further away from what needs to be done to change these outcomes. And these physicians are incredibly passionate. We'll have almost a hundred of them trained by the end of the year all over the world and our website, DrNasha.com, it has those graduates' information.

Dr. Joseph Mercola:

That's the key. I want to make sure that link is prominent because mistletoe is helpful and you may have someone locally who is pretty good. You're comfortable with. I'm not suggesting you have to see one of these hundred. Many people don't have any clue how to find these things. So that's an issue. Now, just a personal question too, with respect to, I mean, many people go to Mexico and you're going to be close to Mexico and I think you're even moving to Mexico.

Dr. Nasha Winters:

Yeah, yeah.

Dr. Nasha Winters:

So what do you think the best clinic in Mexico is? I actually went to the clinic called Sanoviv, not for cancer treatment, just overall for tune-up and was impressed with their therapy, and I wonder where you would rank them and are there better ones than Sanoviv?

Dr. Nasha Winters:

Well, it's great because I know a lot of it. For just a little context, my brother-in-law was diagnosed with terminal pancreatic cancer when he was 35 years old and he passed away in 2004 after a 24-year stage 4 pancreatic terminal cancer diagnosis.

Dr. Joseph Mercola:

Wow, that's pretty darn good.

Dr. Nasha Winters:

Right? Exactly. So when he finally died of the disease, he had 24 bonus years for crying out loud.

Dr. Joseph Mercola:

Probably from some of the interventions, I would imagine.

Dr. Nasha Winters:

A hundred percent. And his interventions, [crosstalk 01:07:38]-

Dr. Joseph Mercola:

People don't understand. People typically do not die from cancer, they die from the treatment.

Dr. Nasha Winters:

Right. And he never did any standard of care. None. They got in there with surgery, opened up and went, "Oh my God, it's everywhere." Close him back up and said, "Go home to get your affairs in order." My husband always tells a story. They told him to go home and get his affairs in order. He gave them the finger and took off south of the border. And lo and behold, 24 years later, he finally succumbed to the disease, but he didn't get actively sick.

He had a "progression," because it never was in remission, a progression in December of 2003 and was gone in March of 2004. This was not like he was suffering for 24 years. This was him thriving, living, getting his work in the Smithsonian as a famous soil scientist, finding and marrying the love of his life, raising three beautiful boys, watching, like all of the things. He lived a very beautiful life with cancer. [crosstalk 01:08:30]-

Dr. Joseph Mercola:

That's beautiful. Beautiful.

Dr. Nasha Winters:

And so in that I started studying, I started going and exploring all these clinics down in Mexico. And there are so many beautiful human beings in some of these clinics that run these clinics. But for me, when I'm a metabolic filter and I love testing and I like to bring in the best of both worlds of modern application with ancient application, I think the clinic that probably is doing it best right now because they have somebody like Dr. Paul Anderson on their board who's very, very up to date in his studies on vetted integrative therapies, but also metabolic therapies is Sanoviv, to your point.

Dr. Joseph Mercola:

Oh, really? So you're enforcing my impression.

Dr. Nasha Winters:

I am.

Dr. Joseph Mercola:

[crosstalk 01:09:10]. We hadn't planned this. I had no idea. [crosstalk 01:09:13].

Dr. Nasha Winters:

And I don't want to be, like I don't want to diss others, but I like that they're blending kind of the best of, they're moving forward. A lot of our cancer clinics in Mexico are doing the same things they've done for 40 or 50 years and we've learned a lot since then. So we want to evolve and move with the time and I think they've done a nice job of it. And I've gone there with patients and I've gone there like you, they offer like a physician heal thyself, little program and whatnot and I do like what they're doing.

Dr. Joseph Mercola:

Oh, that's beautiful. It's an oceanfront apartment that you stay on property and there's no EMFs (electromagnetic fields). You can't have your cell phone there. [crosstalk 01:09:47]-

Dr. Nasha Winters:

Own clothes in there. They have you put on organic. And a lot of what I learned from them is we're applying to the hospital we're building in [crosstalk 01:09:54] Arizona.

Dr. Joseph Mercola:

Yeah, it's pretty good. Yeah. I actually got my EMF consultant, Brian Hoyer, out there to help remediate them a little bit more, because they build cell phone towers. They didn't, but the community built them not too far from the property.

Dr. Nasha Winters:

Love it. How cool. Good accidental side note there.

Dr. Joseph Mercola:

Yes. Yes. So, thanks. I don't want to overwhelm people with stuff, but the book again is "Mistletoe: the Emerging Future of Integrative Oncology"?

Dr. Nasha Winters:

Nailed it.

Dr. Joseph Mercola:

All right. [crosstalk 01:10:22].

Dr. Nasha Winters:

It only took four times. You got it.

Dr. Joseph Mercola:

Yeah, yeah, okay, good. So it's available real shortly. You can preorder it if it's not available yet and it should be to your house real soon. Certainly an important resource to integrate it to any type of cancer therapy. So thank you for a number of things, for being a leader and innovator,

pioneer, courageous, and establish and recognizing that people seeing you absolutely does not scale.

The people who want to see you, you could live like a thousand lifetimes and not see them all. So you had to reproduce yourself and you've been doing that pretty effectively and I thank you for making access to these approaches so available and continue to improve. So, you're a major resource out there and I really appreciate you for writing the book and more importantly for providing a solution that conventional medicine just fails so miserably with.

Dr. Nasha Winters:

Thank you. I'm really grateful for being here with you. Thank you.

Dr. Joseph Mercola:

Okay.